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FOR ACTION

SUMMARY OF 1994 RECOMMENDATIONS FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING PROGRAMMES

SUMMARY

The present document, known informally as the "round-up" document, has been prepared to facilitate review by the Executive Board of recommendations for new general resources programmes and supplementary funding proposals. The addendum to the present document also provides estimates of future expenditures for all the country programmes as well as regional and interregional projects, with a breakdown by sources of funding.

INTRODUCTION

1. The present "round-up" document summarizes all programme recommendations submitted for approval by the Executive Board at its second regular session of 1994. They include recommendations funded from general resources as well as recommendations to be financed from supplementary funding contributions. The paper includes 58 country programmes, 3 bridging recommendations for services for Palestinian children and women and 1 programme for an area office for countries in the former Yugoslavia, as well as 2 interregional proposals. Of these recommendations, 6 country programmes with annual planning levels not exceeding $1 million are included in documents E/ICEF/1994/P/L.15, E/ICEF/1994/P/L.16, E/ICEF/1994/P/L.17 and E/ICEF/1994/P/L.18.

2. Owing to programme requirements and accelerated implementation, additional amounts from general resources are recommended for 13 country programmes essentially for the same programme cycle as already approved by the Board in earlier years. These are detailed in documents E/ICEF/1994/P/L.30, E/ICEF/1994/P/L.31, E/ICEF/1994/P/L.32 and E/ICEF/1994/P/L.34 and are indicated by an asterisk after the country name in table 1 below.

3. In order to meet documentation deadlines, country programme recommendation documents had to be prepared before aggregate financial data for 1993 were finalized. The recommendations from general resources shown in the country programme recommendations are shown in table 1 under the column "recommended funding from general resources for the period".

4. The total amount of programmes from general resources recommended for approval at the current session is $329.4 million. The details are shown by region and country in table 1. Breakdowns of new recommendations from general resources by major programme fields and regions are provided in table 2.

5. Supplementary funding proposals for 6 countries and 1 interregional programme in the total amount of $46.5 million, for which no full length general resources programmes are recommended for approval at the current session, are presented in documents E/ICEF/1994/P/L.35, E/ICEF/1994/P/L.36, E/ICEF/1994/P/L.37 and E/ICEF/1994/L.9. These supplementary funding proposals are also listed separately by region and country in table 1. A double asterisk after the country name indicates a supplementary funding proposal without a general resources recommendation. The total amount of supplementary funding proposals at the current session is $613.6 million.

6. A comprehensive picture of approved general resources and supplementary funding for all the countries with which UNICEF cooperates, as well as of regional and interregional programmes, is provided separately in the addendum to the present document. It shows balances as of the end of 1993 of programmes approved earlier by the Board and new recommended general resources for review and approval by the current session of the Board. To provide a total picture of possible financing for the future, unfunded supplementary funding proposals for the country are also shown. It should be noted, however, that implementation will depend on funds being raised to finance these programmes.

Table 1

PROGRAMME SUBMISSIONS TO THE 1994 EXECUTIVE BOARD

(In United States dollars)

	Period	Recommended funding from general resources for the period	New supplementary funding proposals	Document E/ICEF/1994/...
Africa				
Angola*	1994-1995	4 091 479		P/L.30
Benin	1994-1998	5 500 000	13 101 000	P/L.9
Botswana	1995-1999	5 200 000	9 000 000	P/L.4
Burkina Faso	1994-1995	2 800 000	7 453 000	P/L.20
Cameroon*	1995	597 120		P/L.31
Cape Verde	1995-1999	3 750 000	7 500 000	P/L.15
Central African Republic**	1994-1997		2 938 000	P/L.35
Chad	1994-1995	2 832 000		P/L.20
Comoros	1995-1996	1 500 000	800 000	P/L.19
Equatorial Guinea	1994-1998	3 750 000	4 000 000	P/L.15
Eritrea	1995	1 500 000	4 060 000	P/L.19
Ethiopia	1994-1999	75 000 000	37 500 000	P/L.5
Ghana*	1995	1 184 551		P/L.31
Ghana**	1994-1995		2 327 500	P/L.35
Guinea-Bissau	1994-1997	3 750 000	6 200 000	P/L.15
Kenya	1994-1998	22 000 000	30 000 000	P/L.6
Liberia	1994-1996	3 000 000	12 000 000	P/L.20
Madagascar	1994-1995	4 322 000	7 400 000	P/L.19
Mauritius	1995	750 000		P/L.19
Mozambique	1994-1998	42 000 000	59 000 000	P/L.7
Niger	1995-1999	12 200 000	18 630 000	P/L.10
Sao Tome and Principe*	1995	411 687		P/L.30
Senegal**	1994-1996		2 037 000	P/L.35
Sierra Leone*	1995	1 522 317		P/L.31
Somalia	1994-1995	5 200 000	49 962 000	P/L.19
South Africa	1994-1996	6 000 000	14 400 000	P/L.19
Swaziland*	1994-1995	919 340		P/L.30
Togo	1994-1996	3 000 000	4 856 000	P/L.20
Uganda*	1994-1995	5 202 101		P/L.30
Zambia	1994-1996	3 400 000	3 000 000	P/L.19
Zimbabwe	1995-2000	8 400 000	42 000 000	P/L.8
Total, Africa		229 782 595	338 164 500	

Table 1 (continued)

PROGRAMME SUBMISSIONS TO THE 1994 EXECUTIVE BOARD

(In United States dollars)

	Period	Recommended funding from general resources for the period	New supple-mentary funding proposals	Document E/ICEF/1994/...
Americas and the Caribbean				
Argentina*	1994-1995	1 072 661		P/L.32
Argentina**	1994-1995		3 000 000	P/L.36
Brazil	1994-2000	11 900 000	84 514 000	P/L.11
Chile	1994-1996	2 016 000	960 000	P/L.21
Guyana	1995-1999	3 750 000	3 000 000	P/L.16
Haiti*	1995	1 541 405		P/L.32
Honduras*	1995	1 032 757		P/L.32
Mexico*	1994-1995	1 816 250		P/L.32
Paraguay	1995-1999	6 000 000	10 000 000	P/L.12
Total, Americas and the Caribbean		29 129 073	101 474 000	
Asia				
Afghanistan	1995	5 500 000		P/L.22
Bangladesh**	1994-1995		25 000 000	P/L.37
Cambodia	1994-1995	4 280 000		P/L.22
Maldives	1994-1998	3 750 000	2 550 000	P/L.17
Mongolia	1994-1996	2 261 000	900 000	P/L.22
Myanmar**	1994-1995		1 568 500	P/L.37
Thailand	1994-1998	10 750 000	12 250 000	P/L.13
Total, Asia		26 541 000	42 268 500	

Table 1 (continued)

PROGRAMME SUBMISSIONS TO THE 1994 EXECUTIVE BOARD

(In United States dollars)

	Period	Recommended funding from general resources for the period	New supplementary funding proposals	Document E/ICEF/1994/...
Central and Eastern Europe and the new independent States				
Bosnia and Herzegovina	1994-1995		8 000 000	P/L.24
Croatia	1994-1995		3 000 000	P/L.25
Federal Republic of Yugoslavia (Serbia and Montenegro)	1994-1995		3 000 000	P/L.26
Georgia	1994-1995	2 000 000	2 000 000	P/L.28
The former Yugoslav Republic of Macedonia	1994-1995		4 000 000	P/L.27
Area office for countries in former Yugoslavia	1994-1995	2 000 000		P/L.29
Total, Central and Eastern Europe, and the new independent States		4 000 000	20 000 000	
Middle East and North Africa				
Djibouti	1994-1998	3 500 000	3 750 000	P/L.18
Egypt	1995-2000	30 000 000	50 000 000	P/L.14
Iraq	1995-1996	3 000 000	13 000 000	P/L.23
Palestininan women and children in -				
Lebanon	1995	350 000	350 000	P/L.23
Syrian Arab Republic	1995	200 000		P/L.23
West Bank and Gaza	1994-1995	725 000	35 000 000	P/L.23
Sudan*	1995	1 217 284		P/L.34
Tunisia*	1995-1996	955 436		P/L.34
Total, Middle East and North Africa		39 947 720	102 100 000	
Interregional				
International Child Development Centre	1994-1995		9 600 000	L.9
UNICEF Maurice Pate Award	1994	25 000		P/L.1
Total, Interregional		25 000	9 600 000	

/...

Table 1 (continued)

PROGRAMME SUBMISSIONS TO THE 1994 EXECUTIVE BOARD

(In United States dollars)

	Period	Recommended funding from general resources for the period	New supple-mentary funding proposals	Document E/ICEF/1994/...
Totals				
Africa		229 782 595	338 164 500	
Americas and the Caribbean		29 129 073	101 474 000	
Asia		26 541 000	42 268 500	
Central and Eastern Europe and the new independent States		4 000 000	20 000 000	
Middle East and North Africa		39 947 720	102 100 000	
Interregional		25 000	9 600 000	
		329 425 388	613 607 000	
Amounts to cover overexpediture		0	0	
Grand total		329 425 388	613 607 000	

* Additional funds for the approved programmes and approved programme cycles.

** Country programmes with supplementary funding proposals only.

Table 2

NEW RECOMMENDATION FROM GENERAL RESOURCES BY MAJOR PROGRAMME FIELDS AND REGIONS

(In thousands of United States dollars)

	Africa	Americas and the Caribbean	Asia	Middle East and North Africa	Central and Eastern Europe and new independent States	Inter-regional	Total	Per-centage
Health	59 922	10 616	7 771	15 605	1 900		95 814	29
Water supply and sanitation	21 798	700	1 220	5 451			29 169	9
Nutrition and household food security	14 129	850	3 100	80			18 159	6
Education	24 708	4 300	3 245	5 710	500		38 463	12
Young child development	650	56	225	190			1 121	0
Community organization and development	430						430	0
Area-based, integrated and urban services	44 294	682		5 076			50 052	15
Women-centred programme	2 870	72	470	1 328			4 740	1
Children in especially difficult circumstances	4 145	700	1 000	50	400		6 295	2
Advocacy and social mobilization	14 161	2 268	1 220	1 825			19 474	6
Planning and social statistics	16 322	3 614	1 510	1 423	100		22 969	7
Programme support	21 904	5 271	6 180	3 210	1 100	25	37 690	11
Emergency relief	4 450		600				5 050	2
Total, programme recommendations	229 783	29 129	26 541	39 948	4 000	25	329 426	100%

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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION

Botswana

The Executive Director recommends that the Executive Board approve the country programme of Botswana for the period 1995 to 1999 in the amount of $5 million from general resources, subject to the availability of funds, and $9 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Botswana is within striking distance of the mid-decade goals and goals for the year 2000. Over the past three decades, the infant mortality rate (IMR) has fallen from the 1960 level of 117 per 1,000 live births to 45 per 1,000 in 1992, while the under-five mortality rate (U5MR) has dropped from 170 to 58 per 100,000 live births. Nationwide, prevalence of moderate malnutrition, which was close to 30 per cent in 1980, had dropped to 15 per cent by 1986 and has since remained close to that level. Severe malnutrition has declined from 2 to 1 per cent. Botswana's U5MR is the second lowest and childhood malnutrition is the fourth lowest in sub-Saharan Africa. Achievements in education are also significant. Primary education enrolment (a seven-year cycle) for children between the ages of 7 and 13 is over 80 per cent and the enrolment of females at primary and junior secondary school levels exceeds that of males. Total enrolment in the education system, including university, has increased more than fivefold, growing from 73,000 in 1966 to 381,000 in 1991.

2. This impressive record has been achieved and sustained over a period of 30 years, at least 15 of which were marked by severe drought. The Government has developed a strong capacity to meet the needs of vulnerable groups in times of disaster and suffering. During the 1991-1993 drought, a large-scale relief and rehabilitation effort was launched through a combination of measures to maintain the health and nutritional status of the population, especially children. Recovery programmes helped members of rural households sustain their livelihoods, ensuring that family nutritional status was protected, thus preventing a crisis.

3. Botswana is an African success story. All gains in development are the direct result of the Government's considerable investments in education, health and other services that were made possible by the rapid economic growth in mineral industries and pragmatic social development planning. Although one of the poorest countries in the world at the time of independence in 1966, Botswana has since developed and sustained one of the strongest economies in southern Africa. Between 1974-1975 and 1991-1992, the real gross domestic product (GDP) grew at an annual average rate of 10.7 per cent, sustaining the highest level of growth in sub-Saharan Africa.

4. However, a stronger effort will probably be required in future to sustain and further those gains. The country's economic performance has been affected by the economic slowdown in the global economy. In September 1992, diamond sales from Botswana on the international market declined, resulting in a loss of revenue and a deficit in the 1992/93 budget, the first in several years. If national earnings from mineral revenues continue to fall, this could necessitate adjustments in the national development plan.

5. Another important problem is poverty. In spite of sustained public investment in social development of between 30 and 45 per cent of GDP over the last 10 years, over 50 per cent of the population still lives below the poverty line, with a wide range in the distribution of national assets and income. The top 20 per cent of the population earns nearly 24 times as much as the bottom 20 per cent. Female-headed households constitute nearly two thirds of those living in poverty. Recurrent droughts have eroded the meagre assets of the

poor, especially in rural areas, and increased both food and economic insecurity. The five major immediate causes of death among children are low birth weight, acute respiratory infections (ARI), protein-energy malnutrition, diarrhoeal diseases and injuries and accidental poisoning. While most health workers have the capacity for the appropriate case management of ARI and diarrhoeal diseases, community-level prevention and response systems still need to be developed.

6. The major challenge is in extending services to the unreached, i.e., the 17 per cent of primary school-age children who are not in school, the 15 per cent of rural dwellers still without access to health facilities and the 31 per cent of the population without access to clean water. While national-level data portray an impressive situation for the average child, the disaggregated 1991 census statistics revealed wide differences in the quality of life across the country. For instance, IMR in the capital city stands at 32 per 1,000 live births, while in the northern district of Ngamiland, the rate is 88 per 1,000 live births. There are also variations in the provision of social services. Although 85 per cent of the population lives within 15 kilometres of a stationary health facility, the range varies considerably from district to district. Access to sanitary means of excreta disposal ranges from 7 per cent in Ngamiland to 77 per cent in the urbanized South East district.

7. The rapid spread of acquired immune deficiency syndrome (AIDS) and the human immunodeficiency virus (HIV) epidemic, particularly among youth and mothers, is a cause of grave concern. Recent sentinel surveillance data show that between one in five and one in three women of reproductive age are HIV-infected. Among them, AIDS is now the leading cause of death and was responsible for 38 per cent of all deaths in 1991, followed by maternal mortality (12 per cent). The factors driving the AIDS epidemic include a high rate of sexually transmitted diseases (STDs), multiple partners, extreme mobility of the population between villages and urban areas, frequent work-related separation of spouses and partners, early age of first sexual intercourse and a high proportion of single men and women. Within the next five years, AIDS will probably rank among the top causes of death for children below the age of five. AIDS-specific child mortality is expected to be 34 per 1,000 live births in 1995 and 57 per 1,000 live births in the year 2000. With an anticipated rise in the number of orphans to more than 30,000 by the year 2000, the toll of AIDS-related child deaths could be much higher.

8. Although 71 per cent of all births are assisted by trained health workers, the maternal mortality rate (MMR) remains around 250 per 100,000 live births, with four districts having an MMR that exceeds 500 per 100,000 live births. Forty-seven per cent of maternal deaths occur among women at high risk, including teenage mothers. The incidence of teenage pregnancy is high, with 24 per cent of girls between 15 and 19 years of age having at least one child. There is a strong linkage between unsafe sex, high levels of teenage pregnancy and the threat of HIV/AIDS transmission.

9. Women have benefited from the country's economic progress, particularly in health and education, but their opportunities to contribute to and participate effectively in development are still limited. The disadvantaged position of women reflects their low status in the society. Gender disparities are not

marked at lower education levels, but females are underrepresented at senior technical and tertiary levels. Under national laws, women are considered minors and their rights to acquire property, pass on citizenship to children and be treated equitably in family welfare and marital matters are restricted. The Government plans to review the discriminatory aspects in legislation that affects women.

10. Children in especially difficult circumstances - out-of-school children, children who are socially or culturally disadvantaged (principally the Basarwa), disabled children and street children and working children - are emerging as a significant group. The promotion of the Convention on the Rights of the Child has led to increased consciousness of the plight of disadvantaged children. Although the country has not yet acceded to the Convention, a long consultative process has resulted in a consensus that the Convention is appropriate for Botswana. Legislation, in general, follows the standards of the Convention, though some harmonization will be necessary, particularly with respect to the rights of girls and children in especially difficult circumstances.

11. A new chapter in social sector analysis and planning began in 1992 with the preparation of a human development strategy, assisted by the United Nations Development Programme (UNDP) and UNICEF, and a national programme of action. Both are coordinated by the Ministry of Finance and Development Planning. The human development strategy analyses the country's development record and prescribes a strategy for the improvement of human well-being through a focused attack on poverty, target-oriented social planning and environmental management. The national programme of action emphasizes a subject-oriented approach for the unreached and most disadvantaged and contains a detailed plan of action to achieve the goals of the World Summit for Children as adapted for Botswana.

PROGRAMME COOPERATION, 1990-1994

12. UNICEF support under the previous programme of cooperation included an approval of $4.8 million from general resources and $5.8 million from supplementary funding. The programme, which focused on primary health care (PHC), basic education and household food and economic security, sought to reduce infant and maternal mortality and improve and promote universal access to basic education, including care and education of the young child.

13. UNICEF support for the health programme was designed to sustain and consolidate the gains already made in PHC, with an emphasis on service delivery, capacity-building, monitoring and evaluation and the strengthening of management at the district level. Acceleration of the expanded programme on immunization (EPI) yielded high coverage against the vaccine-preventable diseases. The 1990 EPI evaluation showed that universal child immunization (UCI), with at least 80 per cent coverage for each antigen, achieved in 1988, was being sustained. The preparation of an EPI policy procedures manual for health workers and formats to improve disease surveillance strengthened the quality of the programme. Surveillance of poliomyelitis, neonatal tetanus and measles now includes a "community alarm system", whereby communities are involved directly in the identification and reporting of cases. As a result, no cases of poliomyelitis or neonatal tetanus have been reported since 1990. Measles, which

now affects primarily school-age children, has shown a progressive decline, from 229 cases per 100,000 persons in 1981 to 44 cases per 100,000 persons in 1992.

14. The control of diarrhoeal diseases (CDD) is aimed at improving case management at health facilities and strengthening the diarrhoeal disease surveillance system through intensified training of health workers. Studies in 1990 showed that 85 per cent of families attending health facilities had access to oral rehydration salts (ORS), 45 per cent of mothers of children with diarrhoea were given ORS and 72 per cent of them used some form of oral rehydration therapy (ORT). They also showed that training for health workers had improved treatment practices at health facilities, while at the community level participation remained low. More than 50 per cent of health workers have also been trained with UNICEF assistance in proper management of children with ARI. A policy manual for the control of ARI has been developed.

15. The safe motherhood initiative was launched in March 1992 with the formation of an intersectoral safe motherhood task force. A situation analysis has been prepared and maternal mortality case studies undertaken. Together they form a basis for developing a comprehensive information, education and communication (IEC) programme for the promotion of safer motherhood. The task force also is monitoring the baby-friendly hospital initiative, which was launched in October 1992 with a broader focus on mother/baby-friendly initiatives, and is certifying the achievements of the hospitals as they fulfil the necessary qualifications.

16. UNICEF has supported the Young Women's Christian Association's (YWCA) peer-approach counselling for teenagers programme, which uses adolescent peers as counsellors in promoting safe sex among youth, and the recently formed Association of Teachers against AIDS, which addresses the AIDS problem through curricular and extracurricular activities.

17. The main objectives of the education programme were (a) to develop functional approaches to basic education for school drop-outs and the newly literate, especially women and girls; (b) to introduce into the basic education curriculum content relevant to different localities and individuals; (c) to improve existing day-care services for children two to six years of age; and (d) to extend literacy and post-literacy programmes to remote areas. The absence of an education project officer, owing to the lack of supplementary funds, was a serious constraint. Nevertheless, UNICEF supported numerous activities, in particular the development of learning materials and booklets in basic and non-formal education covering health, nutrition and environment, and thus laid the groundwork for a more sharply focused programme.

18. Implementation of the care and education of the young child component has proved most difficult because of the lack of government policy and capacity. A national symposium organized with UNICEF assistance in 1990 succeeded in bringing together major stakeholders who recommended strategies for addressing the comprehensive needs of child development. It has been agreed that curriculum and methods will have to be substantially changed.

19. As a follow-up to the World Conference on Education for All, the Government established a national education commission. Among the commission's concerns

were the concept of basic education as it applies to the current curriculum, the lack of vocational training opportunities and the status of early childhood development. UNICEF supported the commission's work on the concept of basic education and early childhood development. UNICEF also supported a major study of girls in Botswana that recommended revision of policy to permit unimpeded re-entry of teenage mothers into schools within one year of delivery; review of curriculum materials, teaching methodologies, learning practices and examinations for gender sensitivity; and the formation of a national reference group in support of girls.

20. The main goal of the household food and economic security programme was to sustain and achieve further improvements in child health and nutrition. Support was provided in four areas: (a) policy design and intersectoral coordination at the national level; (b) strengthening of information systems, particularly data processing and reporting of the national nutrition surveillance system; (c) research on the causes of child and maternal malnutrition and household food insecurity; and (d) community-based interventions for improving food security and nutritional status of vulnerable households in remote districts. In addition, UNICEF assisted training in growth monitoring and promotion, safe motherhood/baby-friendly hospital initiative and household food security monitoring. Experience has also been gained in working with community-based non-governmental organizations (NGOs) in implementing income-generating activities, particularly those aimed at women in remote communities. Hence, the groundwork has been laid for putting the concept of household food and economic security into operations.

21. Botswana was a victim of the severe drought that affected the entire southern Africa region. The drought caused crop failure and poor livestock production, the two main sources of rural income and livelihood for most of the population. The Government, supported by the international community, responded with emergency aid and relief including long-term measures for drought preparedness. UNICEF assistance was limited to the key areas of planning and monitoring, training for the distribution of vitamin- and mineral-fortified weaning food and increasing NGO involvement in drought relief.

Lessons learned

22. Although the Government's preventive efforts for HIV/AIDS have expanded, there is a need for stronger high-level political commitment. A change in strategy is urgently needed to reach more of the nation's youth.

23. The programme focus on women and their development was intended to be cross-cutting, but its expression and impact were negligible. Marked gender disparities exist in most sectors, for example, the existence of a high maternal mortality rate in the face of a well-developed health programme. The high level of poverty affects females primarily, despite a thriving national economy and a relatively transparent system of governance. Therefore, improving the status of women should be a central focus of the women in development strategy.

24. There is a low level of community participation in development programmes. UNICEF should be more supportive to the Government in promoting a participatory approach to development. This approach will include human resource development,

integrated information, education and communication (IEC) approaches to clearly defined target groups and the development of information systems at district and community levels. A policy that recognizes participation as a key strategic element in all programme components, forged through community and individual empowerment, with a focus on integrated community-based initiatives, is essential.

25. The problem of household economic insecurity is difficult to address if a steady stream of children in especially difficult circumstances is continuously sliding into poverty owing to the absence of programmes that provide adequate attention and rehabilitation. UNICEF will need to work with the Government and NGOs to explore alternative education, development and rehabilitation approaches that will provide a safety net for these children.

Country programme preparation process

26. The Human Development Initiative, emphasizing deepening poverty and disparities, and the national programme of action, focusing on disadvantaged groups, provided the foundations for developing a new programme of cooperation. The cooperation will play a critical role in the development of sustainable ways of delivering social services and empowering communities to plan, manage and mobilize resources for the achievement of the decade goals for children and women. Botswana has virtually achieved nine of the mid-decade goals. It is very close to achieving the remainder (80 per cent usage of ORT, the reduction of measles mortality and morbidity and moderate malnutrition and the increase in access to water supply and sanitation). Therefore, the new programme of cooperation will emphasize sustaining the goals achieved and reducing under-five and maternal mortality, addressing the needs of children in especially difficult circumstances and strengthening interventions to prevent AIDS. The new programme was developed under the auspices of the Government/UNICEF programme planning and coordinating committee. The mid-term review of the previous programme and the preparation of the situation analysis of children and women provided the necessary inputs during programme preparation. The committee set up sectoral task forces, including staff of NGOs, to develop draft proposals for the new programme. A preview meeting to discuss the draft proposals was held in July 1993 with the participation of other donors and United Nations agencies.

RECOMMENDED PROGRAMME COOPERATION, 1995-1999

General resources: $5,200,000

Supplementary funding: $9,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 393	3 550	5 943
Education for All	880	2 000	2 880
Nutrition, food and economic security	1 380	2 450	3 830
Social mobilization (national programme of action - "reaching the unreached")	340	1 000	1 340
Programme support	207	-	207
Total	5 200	9 000	14 200

a/ A breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Overall programme strategy

27. The aim of the 1995-1999 programme of cooperation is to improve the survival and development of children and women, with particular focus on the most threatened groups and areas of high deprivation. The programme will promote the ability of families to analyse and take action on their priority problems, as well as to make better use of available public services and local resources. Through advocacy and selective support, the programme aims to sustain the major gains in child welfare achieved during the 1980s and early 1990s and to progress towards the goals of the World Summit for Children. The programme will help to mobilize and empower families and communities to invest in the education of their children, improve their livelihoods, health and nutritional status, increase their knowledge and skills and pursue their priorities for a better life.

28. This approach represents a change from previous programme strategies. There will be a shift of emphasis from building national programmes that provide

key basic services that now have, in general, reasonable coverage and national funding, to actions that will help people to make better use of these services and improve their quality and extend these services to still underserved communities. The cooperation will be carried out under the umbrella of the national programme of action and within the framework of the Convention on the Rights of the Child. Its implementation will emphasize needs and priorities at district and community levels nationwide. It will enhance the focus of the national programme of action by empowering women through education and skills training and will address such issues as access to productive assets, credit and job opportunities, legal status and participation in decision-making.

29. The health programme will play a central role in realizing the mid-decade goals and the importance of sustaining the gains made in UCI, ORT and other areas. The nutrition, food and economic security programme will support the strengthening of district information systems, promote community participation and establish systems for the economic empowerment of women in poor communities. The education programme will focus on reaching those who are outside the mainstream of the basic education system and on early childhood care and education. The programme, "reaching the unreached", will give priority to monitoring the goals of the national programme of action, pilot activities for children in especially difficult circumstances and capacity-building for the facilitation of empowerment and social mobilization for children's and women's rights.

Health

30. The health programme will focus on six interrelated priorities: (a) safe motherhood and perinatal health promotion; (b) HIV/AIDS prevention; (c) sanitation promotion and CDD; (d) control of ARI; (e) UCI; and (f) capacity-building. Implementation will be linked to IEC activities, community participation and decentralization of information to enable local-level analysis, planning and mobilization of resources. The programme will contribute to the national programme of action goals of reducing IMR to 30 per 1,000 live births and MMR to 100 per 100,000 live births. The programme will be implemented nationwide and will benefit 300,000 children under five years of age, 350,000 women of child-bearing age and 400,000 teenagers from 10 to 19 years of age.

31. By 1999 the health programme seeks: (a) to achieve and maintain immunization coverage of at least 90 per cent; (b) to eradicate poliomyelitis; (c) to reduce measles mortality and morbidity, compared to pre-immunization levels, by 95 and 90 per cent, respectively; (d) to reduce diarrhoea-related deaths and illness in children under five years old by 40 and 25 per cent, respectively; (e) to reduce ARI-related deaths by 25 per cent; (f) to reduce the neonatal mortality rate by 20 per cent; (g) to reduce the rate of low birth weight to less than 8 per cent; (h) to reduce the incidence of STDs and teenage pregnancy by over 30 per cent; (i) to sustain the average birth interval at 3.5 years; (j) to increase the number of pregnant mothers properly screened for risk to 80 per cent and the proportion of pregnant women attending antenatal care at least four times to 95 per cent; (k) to increase the proportion of births supervised by health personnel to 90 per cent; (l) to train traditional

birth attendants in areas with low access to health facilities to provide safe services; and (m) to eliminate neonatal tetanus by 1995.

32. Improvements in EPI delivery and disease surveillance are necessary for the sustainability of UCI, the elimination of neonatal tetanus, the eradication of poliomyelitis and the control of measles. The installation of a "community alarm system" will serve to promote community sensitivity to case definitions and their participation in monitoring vaccine-preventable diseases.

33. Since the reproductive health of women has been a neglected area, the safe motherhood project is designed to reduce maternal mortality and improve reproductive health. By working through the media and NGOs to raise awareness of the problem and to mobilize support, the project will support initiatives to empower women and girls to take control of their own health, to change the attitudes of health workers and to tackle the problems of women at high risk. Given those focuses, there will be a strong linkage with prevention of HIV/AIDS, which will be a key project with emphasis on education and social action undertaken jointly with NGOs and the Government.

34. The CDD and control of ARI projects will support prevention and management of these diseases. The projects will be integrated with government initiatives in enhancing child nutrition and giving appropriate curative care. Activities will also include the empowerment of families to understand the tenets of prevention, management and referral to health services. With regard to the sanitary disposal of human waste, which will be the most difficult global goal to achieve, the sanitation improvement component of the CDD project will be based on a participatory approach. Through promoting people's understanding of hygiene and utilizing communication and animation techniques, community interest will be organized to set targets, make choices of the appropriate technologies and mobilize resources to achieve coverage targets. Activities will be initiated in six districts (five rural and one urban) and expanded to more districts after the mid-term review.

35. Improving the capacity of the Government and communities is critical for the successful implementation of the health programme. Thus, the capacity-building project will be directed at promoting the improvement of district health management, including planning, monitoring and evaluation.

Education for All

36. The education programme will aim to contribute to the goals of the national programme of action, including (a) universal access to and improvement of the quality and relevance of basic education; (b) promotion of early childhood development, with an emphasis on family and community interventions; (c) elimination of illiteracy; and (d) improvement of knowledge, skills and values for better living. The programme objectives are (a) to improve the quality and double the access to early childhood education; (b) to provide access to basic education for unreached children and adults; (c) to promote alternative programmes of basic education; and (d) to improve the quality and relevance of basic education for children and adults. The programme will consist of both national and community-based projects and will seek to reach children of primary school-age who are not attending school (street children,

children in remote areas, herdboys and disabled children), teenage mothers or girls who dropped out of school because of pregnancy and children under the age of three years, through parental education and in communities in peripheral urban and remote areas.

37. The early childhood development project aims to promote optimal physical, mental, emotional and psycho-social growth of children in the first six years of life. The project will focus on promoting and supporting home-centred approaches and community-managed child-care centres. Essential knowledge and skills about early child care and stimulation will be provided through literacy and post-literacy classes, which will be complemented by other activities, including radio and child-to-child activities. UNICEF will support operational research, training, provision of supplies and technical assistance, monitoring, evaluation and social mobilization. The project also seeks to improve the quality and extend the coverage of training, learning and recreational materials and in-service teacher training.

38. In the formal system, UNICEF will cooperate with the Government in providing access to basic education for the unreached 17 per cent of primary school-age children through various alternative, innovative approaches. Support will focus on the development of modules for specific groups, e.g., teenage mothers and drop-outs. UNICEF will help to mobilize resources from other sources to address the needs of children with disabilities. Improving the quality and relevance of learning in primary schools will involve testing innovative methods and promoting community involvement in order to generate experiences that can be applied to similar situations. The project on basic education for pregnant schoolgirl drop-outs will increase the effectiveness of the present teenage mothers' pilot project and expand alternative, complementary, non-formal programmes to other parts of the country. Hence, this will influence both national policy and specific programming practices nationwide.

39. UNICEF will also support the peer-approach counselling for teenagers programme as a preventive strategy to curb teenage pregnancies in schools. This approach uses peer educators from schools who receive training to interact and educate other youth on sexuality, AIDS and related topics. Collaboration will include AIDS education for youth; the review and development of learning and teaching materials on family life; and health, environmental and population education for both primary school children and literate adults. A review of classroom practices, the school's overall learning environment, curricular materials and methods for gender sensitivity will provide information for policy development and appropriate action to enhance female participation and performance in education.

40. The Government is planning to incorporate more effective strategies for its nationwide post-literacy programme within the framework of lifelong education. UNICEF will support a pilot project that will address the low literacy level of marginal groups in selected communities. This will include conducting a needs assessment; organizing a literacy learning system; delivering functional teaching and learning materials; integrating learning with development activities, monitoring and evaluation; and developing a system to sustain the gains in literacy.

Nutrition, food and economic security

41. This programme will build on the previous household food and economic security programme, with greater emphasis on linkages between malnutrition, food insecurity and poverty. It will give priority to strengthening multisectoral efforts to alleviate malnutrition and poverty among vulnerable groups. The strengthening of government capacity to achieve goal-oriented and participatory planning at both national and district levels will be continued, with greater intensity in selected districts. Expansion of the available database and its use, particularly at the district level, will improve the targeting and management of programmes aimed at malnutrition and poverty reduction. Community-based interventions will be expanded in districts where the incidence of malnutrition and poverty is especially high.

42. The programme objectives include (a) reduction in moderate malnutrition among children under five years old from 15 to 8 per cent and the virtual elimination of severe malnutrition; (b) virtual elimination of vitamin A deficiency and iodine deficiency disorders and the reduction of iron deficiency anaemia in women by one third of the 1992 level; and (c) improvement of the information base and human resource capacity for better targeting and monitoring of activities aimed at child and maternal nutrition and household food and economic security. Child growth promotion and monitoring activities will be expanded and food security will be promoted among resource poor, female-headed households in communities with high rates of malnutrition and poverty.

43. Strategies to achieve those objectives will include (a) identifying and closing gaps in policy and information systems in protein-energy malnutrition, micronutrient deficiencies, poor child-feeding practices and food security; (b) participatory training exercises to equip planners, decision makers and extension agents with goal-oriented planning and conceptual approaches; (c) application of such approaches with communities experiencing high malnutrition and poverty; (d) support to these communities in undertaking their own triple-A (assessment, analysis and action) processes, especially for low-cost community-based actions and in monitoring the impact on such key indicators as child growth.

44. The programme will include both national and district-level community-based initiatives. National initiatives include strengthening key agencies to improve their capacity for planning and management of interventions aimed at such vulnerable groups as female-headed households and communities in remote areas. The production and dissemination of nutrition, food and economic security-related planning guidelines and the development of information systems will be key activities. Community-based interventions will focus initially on two districts, Kgalagadi and Chobe, which have the highest child malnutrition rates and where poverty is high. In both districts, intensive activities geared towards the poor will be implemented. The reduction of disparities across different regions and socio-economic groups will be the major aim of these interventions. Close linkages will be forged with PHC, basic education and social mobilization components of the cooperation, particularly in areas where integrated community-based projects will be implemented.

45. In line with the "Consensus of Dakar", the programme proposes the elimination of micronutrient deficiencies, particularly vitamin A and iodine, by 1995. To achieve those goals, UNICEF will support both short-term (fortification and supplementation) and long-term (production and consumption of vitamin A and iodization of salt) strategies.

National programme of action: reaching the unreached

46. The national programme of action identifies the main problems affecting children and women, determines priorities for action within its framework and establishes linkages with potential partners. The objectives of the programme are (a) to reduce the number of working children and street children by one third; and (b) to develop a national platform of advocacy and social mobilization for the national programme of action and country programme priorities, working with the Government, NGOs, institutions and the media. This programme will consist of policy development and monitoring of child goals; identification of children in especially difficult circumstances; capacity-building for planning and organization of resources; and social mobilization for children's and women's rights.

47. Policy development and monitoring of the goals for children will contribute to the strengthening of government structures, institutions and NGOs that are concerned with child welfare and new mechanisms to deal with the major problems of children. The establishment of a national office for children, with the capacity to plan, support and monitor the implementation of the national programme of action initiatives, is critical. UNICEF will support the task force charged with these efforts. UNICEF also will support the analysis of disaggregated and subnational baseline data and the development of a system to monitor and evaluate progress towards the national programme of action goals. The Central Statistics Office and the National Institute for Research and Documentation will cooperate in the storage and transfer of information to and from the districts. Assistance will be provided for the harmonization of legislation to meet the standards of the Convention on the Rights of the Child.

48. The project on social mobilization for children's and women's rights will support advocacy, information, education and capacity-building as tools for mobilizing various community organizations in support of the national programme of action, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The project will strengthen capacities for communication activities, which will involve the media, churches, schools and NGOS. Advocacy and education will promote interorganizational alliance-building and networks. New materials, including audiovisual aids, will be produced on themes related to the rights of children and women.

49. The project on capacity-building for planning and organization of resources will support training and orientation of those directly concerned with children's services: the district leadership, local authorities and communities. Capacity-building of social workers, street educators and volunteers in communication/animation techniques and problem-solving approaches will be a prerequisite. Assistance will be provided for the training of NGOs to improve their organizational capacity and outreach.

50. The project for children in especially difficult circumstances will utilize the framework of the national programme of action to assess the situation and develop appropriate responses at the district and community level. Priority groups of these children will be identified and encouraged through participatory processes to reflect, analyse and determine actions for achieving common goals. UNICEF will support research to identify the needs of these children and their families and community environments, as well as the formation and strengthening of partnerships and alliances for child survival, development and protection.

Monitoring and evaluation

51. The entire programme of cooperation will require enhanced monitoring capacity so that appropriate data are produced and adequately disaggregated to track gender and regional disparities. Ongoing monitoring of programme input and output indicators will be coordinated by the sectoral ministries as part of their regular information-gathering activities. A system will be designed to standardize monitoring indicators. Furthermore, there will be increased reliance on implementing agencies at the grass-roots level for the generation and preliminary analysis of input and output indicators. This focus will support the government policy of progressive decentralization. Monitoring at these levels will be augmented by establishing rapid assessment procedures and community sentinel site studies.

52. UNICEF will develop an integrated project progress report linked to the financial monitoring system. An annual review of the implementation of the country programme will be conducted each year by the Programme Planning and Coordinating Committee and chaired by the Ministry of Finance and Development Planning. This will provide the basis for formulating the annual project plans of action and budgets. In 1997, the Ministry of Finance and Development Planning and UNICEF, together with sectoral ministries, will conduct a mid-term review of the programme to assess the effectiveness of strategies. Operations research will help to facilitate further programme development, monitoring and mid-term programme course corrections.

Cooperation with United Nations and other agencies

53. The country programme strategy and design have taken account of the joint UNDP/UNICEF Human Development Initiative, which provided a broad policy framework for the national programme of action and also serves as the starting point for developing a country strategy note. The strategy note will be prepared during 1994 by the Government, with the assistance of the United Nations system.

54. Effective coordination and complementarity with other United Nations partners, NGOs and external cooperating agencies is an essential strategy of the proposed cooperation. Continual cooperation with the United States Agency for International Development (USAID), the Norwegian Agency for International Development (NORAD) and the Swedish International Development Authority (SIDA) will be important. Within the United Nations system, collaboration with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) will be strengthened to support the safe motherhood initiative and the wider utilization of family planning services. Partners in education include the

United Nations Educational, Scientific and Cultural Organization (UNESCO), which is involved in capacity-building, and SIDA, which supports distance education and the development of educational materials.

Fund-raising

55. Supplementary funding will be sought from donor agencies with resident missions, National Committees for UNICEF and the private sector, especially for those activities that are aimed at reducing disparities through concerted efforts by the Government, communities and NGOs. Private sector fund-raising will assist disadvantaged youth in both rural and urban areas. The country programme will also provide a framework for donors to support the national programme of action. The safe motherhood initiative requires broad-based support to improve and expand services for women at risk. Some synchronization of preventive health activities for women has already taken place with USAID and NORAD. The Bernard van Leer Foundation has agreed to provide technical support to early childhood development.

Programme management

56. Overall coordination of implementation of the cooperation will be the responsibility of the Ministry of Finance and Development Planning, which will collaborate with UNICEF on all aspects of the programme, especially intersectoral coordination among participating ministries, NGOs and other agencies at all levels. The ministries and agencies responsible for implementing programmes and projects will designate a senior officer as the counterpart to UNICEF for implementation, including the preparation of periodic progress reports. Participating NGOs and UNICEF will also have joint plans of action. Programme activities pertaining to the increased focus on districts will be monitored by district task forces that will formulate, implement and monitor the district plans of action for children within the framework of the national programme of action.

57. The UNICEF representative is currently supported by four international Professional staff in health, nutrition, food and economic security, programme coordination and administration and finance. National Professional officers work in health and nutrition, food and economic security. There is also a need for a project officer in health for the promotion of sanitation and CDD and an assistant project officer to support and promote the concept of education for all, given an expected upsurge in these areas. Both posts will be funded from supplementary funds. United Nations volunteers will be sought to support expanded IEC and HIV/AIDS prevention activities. Staff costs will rise to 19 per cent of total planned programme expenditure, as compared to 11 per cent in the previous programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Botswana	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	58	(1992)	Middle U5MR
Infant mortality rate	45	(1992)	Middle IMR
GNP per capita	$ 2530	(1991)	Lower-middle GNP
Total population	1.3 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	33	46	49	51
Infant deaths (under 1)	(thousands)	3	3	2	2
Under-five deaths	(thousands)	5	4	3	3
Under-five mortality rate (per 1,000 live births)		139	94	62	58
Infant mortality rate (under 1) (per 1,000 live births)		98	69	47	45

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	..	15
(% weight for age, 1987)	Severe	..	..
Babies with low birth weight (%, 1981/1988)		13	8 *
Primary school children reaching final grade (%, 1988)		..	95

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1988)	..	41
Timely complementary feeding rate (6-9 mos.) (%, 1988)	..	82
Continued breast-feeding rate (20-23 mos.)(%, 1988)	..	23
Prevalence of wasting (%, 1981)	19	..
Prevalence of stunting (%, 1981)	51	..
Daily per capita calorie supply (% of requirements, 1979-81/1990)	93	97
Total goitre rate (1989)	..	8
Household expenditure All food/cereals	..	25 / 12
(% of total income, 1980-85)		

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	64
Access to health services	Total	89	..
(% of population, 1980)	Urban/rural	100 / 85	.. / ..
Access to safe water	Total	..	90
(% of population, 1990)	Urban/rural	.. / ..	100 / 88
Access to adequate sanitation	Total	..	88
(% of population, 1990)	Urban/rural	.. / ..	100 / 85
Births attended by trained personnel (%, 1989)		..	78 *
Maternal mortality rate (per 100,000 live births, 1985)		..	250

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	80	68	92	71
	DPT	64	68	86	82
	Polio	71	67	82	82
	Measles	68	68	78	65
Pregnant women (%) immunized against:	Tetanus	32	17	62	46

* UNICEF field office source.

TABLE 1 (continued)

Botswana

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	92 / 76	110 / 91
	Male	84 / 70	107 / 88
	Female	100 / 83	112 / 93
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	21 / 16	46 / 36
	Male	20 / 14	44 / 33
	Female	22 / 18	47 / 39
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	41	74
	Male/female	37 / 44	84 / 65
Radio/television sets (per 1,000 population, 1990)		.. / ..	115 / 15

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(thousands)	623	902	1238	1313	1650
Population aged 0-15 years	(thousands)	336	446	600	631	738
Population aged 0-4 years	(thousands)	134	167	214	221	261
Urban population (% of total)		9	15	25	28	37
Life expectancy at birth (years)	Total	50	55	60	61	65
	Male	48	52	57	58	63
	Female	52	58	63	64	68
Total fertility rate		6.9	6.8	5.3	5.1	4.4
Crude birth rate (per 1,000 population)		53	50	40	39	35
Crude death rate (per 1,000 population)		17	15	10	10	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1976/1988)		8	33
Population annual growth rate (%, 1965-80/1980-92)	Total	3.3	3.1
	Urban	13	8.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		9.9	5.6
Inflation rate (%, 1965-80/1980-91)		8	13
Population in absolute poverty (%, 1980)	Urban/rural	40 / 55	.. / ..
Household income share (%, 1986)	Top 20%/bottom 40%	.. / ..	66 / 6
Government expenditure (% of total expenditure, 1980/1990)	Health/education	5 / 22	5 / 21
	Defence	10	13
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	8 / 18
Official development assistance: (1980/1991)	$US millions	106	131
	As % of GNP	13	4
Debt service (% of goods and services exports, 1980/1991)		2	3

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1994 a/

COUNTRY: BOTSWANA
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $4 605 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	233	268	487	27	169	278	533	62	1 422	2 126	635	2 000	2 057	4 126
Household food security	74	63	244		235		269	25	822	1 063	88	2 000	910	3 063
Education	67		109		1		263		440	786		981	440	1 767
Young child development	10		64				94		168	130		519	168	649
Women-centred programme					106				106				106	
Programme support	3		10		218		178		409	500			409	500
Emergency		31						42			73	80	73	80
GRAND TOTAL	387	362	914	27	729	278	1 337	129	3 367 b/	4 605 c/	796	5 580 d/	4 163	10 185

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including expenditure from global fund and additional general resources for unfunded supplementary funding.
c/ Including additional general resources $2 105 000 (E/ICEF/1993/P/L.26).
d/ Of this amount, $4 822 500 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1995 - 1999

(In thousands of United States dollars)

Country: BOTSWANA **Period covered: 1995 - 1999**	**Funding status**	**1995**	**1996**	**1997**	**1998**	**1999**	**Total**
Health	GR	553	460	460	460	460	2 393
	NSF	710	710	710	710	710	3 550
Education	GR	200	170	170	170	170	880
	NSF	400	400	400	400	400	2 000
Nutrition, food and economic security	GR	300	270	270	270	270	1 380
	NSF	490	490	490	490	490	2 450
Social mobilization	GR	100	60	60	60	60	340
	NSF	200	200	200	200	200	1 000
Programme support	GR	47	40	40	40	40	207
TOTAL	GR	1 200	1 000	1 000	1 000	1 000	5 200
	NSF	1 800	1 800	1 800	1 800	1 800	9 000
GRAND TOTAL		3 000	2 800	2 800	2 800	2 800	14 200

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

BOTSWANA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1995-1999 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	2 393			2 393				1			1	1	2	4	647	232	879
Education	880			880													
Nutrition, food and economic security	1 380			1 380				1			1	1	2	4	647	232	879
Social mobilization	340			340													
Programme support	207			207									1	1		89	89
TOTAL GR	5 200			5 200				2			2	2	5	9	1 294	553	1 847
SUPPLEMENTARY FUNDING																	
Health			3 550	3 550													
Education			2 000	2 000													
Nutrition, food and economic security			2 450	2 450													
Social mobilization			1 000	1 000													
TOTAL SF			9 000	9 000													
TOTAL GR & SF				14 200				2			2	2	5	9	1 294	553	1 847
ADM. AND PROGRAMME SUPPORT BUDGET	Operating costs			646													
(Proposed, 1994-1995)	Staffing c/			1 147			1	1	1		3	1	5	9	745	402	1 147
GRAND TOTAL (GR + SF + ADM)							1	3	1		5	3	10	18			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1990)										5	2	7	14	N/A	N/A	N/A
	- At the beginning of proposed programme (1995)										5	3	10	18	N/A	N/A	N/A
	- At the end of proposed programme (1999) (Indicative only)										5	3	11	19	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

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E

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Programme Committee
1994 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ethiopia

The Executive Director recommends that the Executive Board approve the country programme of Ethiopia for the period mid-1994 to mid-1999 in the amount of $75 million from general resources, subject to availability of funds, and $37.5 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Ethiopia is one of the world's poorest developing countries, with a 1991 per capita income of $120. Two thirds of the population is unable to afford even the most basic necessities. The low level of domestic savings, a result of drought, massive poverty and the 30-year civil war leading to the partition of the country, have seriously curtailed domestic investment. Consequently, the country relies heavily on external financing. According to the Ministry of External Economic Cooperation, official development assistance (ODA) was $10 per capita in 1991-1992, increasing to $21 in 1992-1993. This increase is still insufficient to overcome the effects of drought, low agricultural production and massive destruction from the war, which are the main constraints to economic development. Population pressure also aggravates the weak economic situation. The population growth rate is estimated at about 3 per cent per annum, with the urban population growing at an average rate of 4.3 per cent per annum.

2. As a result of political changes, the highly centralized former Government and party structures, such as the farmers' associations and the women's associations, which were the centrepieces of social and economic development, have been dismantled and, for the most part, have not been replaced. At the same time, community participation in development and the support systems for social service delivery have collapsed. A national conference on peace and democracy was held in July 1991. The resulting charter of 22 July 1991 established the Transitional Government of Ethiopia, which has inaugurated a new chapter in Ethiopian history in which freedom, equal rights and self-determination of all people are the governing principles for political and socio-economic development. The Transitional Government of Ethiopia is guided by a council of representatives drawn from many political organizations and democratic groups.

3. In response to the previous Government's ineffective, overcentralized policies, the present Government has called for the decentralization of governance. Proclamation 41/1993 established the powers and duties of the central Government (20 ministries, 4 commissions and 20 bureaux). Ten regions and 647 woredas (districts), defined by ethnicity and language, were also established following elections. The regions were further divided into 49 socio-economic zones, which encompass several woreda administrations. All ministries, apart from the Ministries of Defence, Foreign Affairs and External Economic Cooperation, are replicated at the regional level. Elected regional governments and woreda administrations have their own political and legal authority. They determine regional and local socio-economic development priorities and manage their own budgets and external assistance, especially in emergency situations, in cooperation with the central Government. The establishment of the regional and woreda socio-economic development infrastructure is being buttressed by new sectoral policies and operational guidelines being formulated by the central Government for adaptation by regions and woredas.

4. Since the end of the civil war, new opportunities and challenges for development have been created by the reduction in military expenditures (from

19 per cent of the gross national product (GNP) in 1990 to 6 per cent in 1991). The share of the national budget allocated to the social sectors has increased from 12 per cent in fiscal year 1989/90 to 21 per cent in fiscal year 1993/94. Through the emergency recovery and reconstruction project, supported by several donors in conjunction with the World Bank, the Government is focusing on rehabilitating economic and social infrastructures destroyed or neglected during the war; re-establishing essential production activities in agriculture and industry; reviving such vital social sectors as education and health; and providing pilot-scale support to community-based economic activities. All of these efforts are necessary for socio-economic recovery. It is in this environment that the preparation of the country programme and the drafting of the national programme of action has provided an opportunity for the Transitional Government of Ethiopia to ensure that future socio-economic development focuses on child survival, protection and development.

5. In Ethiopia, environmental degradation is both a cause and an effect of widespread poverty and underdevelopment. Land degradation has escalated as a result of increasing population pressure; misuse of the land has been exacerbated by an influx of returnees from neighbouring countries and refugees, mainly from Somalia and the Sudan. According to the Food and Agriculture Organization of the United Nations (FAO), the soil depth of over one third of the highlands is too shallow for proper crop cultivation. Less than a century ago, 40 per cent of Ethiopia was covered by dense forests, while today less than 4 per cent remains forested.

6. The overall impact of the macroeconomic, environmental and political problems on Ethiopian children and women is reflected by the high maternal mortality rate (MMR) and infant mortality rate (IMR), which are estimated at 560 per 100,000 live births and at 123 per 1,000 live births respectively. The under-five mortality rate (U5MR) is estimated at 208 per 1,000 live births. Each year, over 17,000 women die as a result of complications associated with pregnancy and childbirth; 322,000 infants die before their first birthday; and some 547,000 children die before the age of five years. It is estimated that 46 per cent of these child deaths are the result of diarrhoea. Other major killers include acute respiratory infections (ARI), measles, malnutrition, malaria and tuberculosis.

7. Protein-energy malnutrition, vitamin A deficiency, anaemia and iodine deficiency disorders (IDD) are the most pressing nutritional problems. According to a 1992 rural survey, the incidence of wasting and stunting among children under five years of age is 12 per cent and 64 per cent, respectively, and some 48 per cent of children are underweight, implying that approximately 5 million children in the country are malnourished. The prevalence of IDD, as measured by goitre, is estimated at 26 per cent. Approximately 5 million children six to nine years of age have low retinol levels in serum and 73,600 children have Bitot's spots, both indicators of vitamin A deficiency.

8. Approximately 27 per cent of all lactating women are malnourished. Low birth weight, an indirect indicator of maternal malnutrition, is 16 per cent. About 17 per cent of pregnant and lactating women suffer from anaemia caused by inadequate dietary intake, malaria, intestinal worm infections and other febrile infections. Women are generally undernourished because they lack sufficient

calories to balance the energy demanded of their heavy workloads and multiple pregnancies. Women in rural areas commonly work 15 to 18 hours a day and are responsible for about 50 per cent of subsistence agricultural production. The long-standing and deep-rooted tradition of giving women exclusive responsibility for most household production tasks, such as obtaining water and fetching firewood, drains their energy. Women, therefore, have little time and few resources for child care or for the care of their own health, even when they are pregnant.

9. The lack of food security and self-sufficiency is a chronic problem; 90 per cent of rural households are classified as insecure. Rural dwellers consume only 73 per cent of the FAO/World Health Organization (WHO) recommended minimum caloric intake of 2,000 calories per person per day. A recent FAO/World Food Programme (WFP) crop assessment mission forecast 1994 grain production at 6 per cent lower than the record harvest of 1993, but above the five-year average. For 1994, the Relief and Rehabilitation Commission (RRC) estimates emergency food aid requirements at 590,000 tons for 4.4 million persons, with an additional 437,000 tons needed for the structural food deficit and emergency food security reserves.

10. The human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are spreading rapidly. The Ministry of Health and WHO estimate there will be a total of 588,000 HIV-infected persons, 65,200 cases of AIDS and about 54,000 AIDS-related deaths in 1994. If present trends continue, by the year 2000 there will be some 1,155,000 HIV-infected persons, about 324,000 cases of AIDS and 150,000 AIDS orphans. Implementation of health-care policies and programmes, including community health services, has been hampered by inadequate resources, the massive destruction of physical infrastructure during the civil war, limited health management capacity, lack of community involvement and poor programme coordination. The health infrastructure is inadequate. Even though the number of health institutions has more than doubled in the past 15 years to 89 hospitals, 160 health centres, 2,292 health stations and 11,000 health posts, access to existing health services has increased from 20 per cent to only 45 per cent. Moreover, existing health services are often underutilized owing to low awareness, a shortage of drugs and poor quality of service. Health units are often too far away from homes in rural areas, and there is a shortage of transportation.

11. The vast majority of Ethiopians lack access to safe drinking water. Access in urban areas is estimated at 80 per cent, while access in rural areas is only 20 per cent. Total sanitation coverage is estimated at 7 per cent, but it is only 1 per cent in rural areas. The lack of access to safe water and sanitation contributes significantly to poor nutritional status, increased morbidity and mortality, especially among children and women, and a high incidence of such water-borne diseases as diarrhoea. Dracunculiasis (guinea-worm disease) affects the remote south-western areas bordering Kenya and the Sudan. Although there are relatively few active cases, the disease causes much suffering and reduced economic activity among the 800 people who are afflicted.

12. Only 2 per cent of the 4.1 million kindergarten-aged children are enrolled in pre-school programmes, namely, early childhood care, development and education programmes in 864 centres located mainly in urban areas and in a few

farmers' cooperatives. These pre-school programmes are run by communities, non-governmental organizations (NGOs) and religious organizations, but their early childhood intellectual stimulation and development components vary widely in quality. Participation in primary education decreased from 32 per cent in 1990 to 19 per cent in 1993 owing to the destruction of facilities, the decline in family incomes and the lack of political priorities for, and people's perception of, primary schooling. The drop-out rates are high, especially for girls. Even with the increase in the number of schools, teachers and overall enrolment and participation during the period 1974-1989, the education system, particularly primary education, is of low quality and limited relevance. Major constraints include low teacher motivation, poor quality of textbooks, unsuitable school buildings and facilities, shortage of teaching and learning aids and inadequate school management. The proportion of girls enrolled in primary school rose steadily between 1974 and 1984, but since then has remained stagnant at about 24 per cent.

13. The magnitude of the problem of children and women in especially difficult circumstances is not easy to quantify. The World Bank estimates that about 50 per cent of the population lives in absolute poverty. Over 500,000 persons were resettled forcibly by the former Government, and most are now returning to their ancestral lands. Rapid urbanization, drought, famine and armed conflict have resulted in millions of children becoming orphaned, displaced, homeless or abandoned and in the destabilization of families. It is estimated that about 34 per cent of families are headed by women. About 54,000 destitute children are currently being cared for by different charities. The Ministry of Education estimates that 2.2 million children under the age of 15 years suffer from disabilities. As a result of the 1984-1985 drought, 250,000 children were left homeless. Currently there are about 100,000 street children between the ages of 5 and 15 years, and another 1.1 million urban children are at high risk of becoming street children. The demobilization of some 300,000 soldiers belonging to the previous Government's army has left these men and their families with limited shelter and sources of livelihood.

PROGRAMME COOPERATION, 1992-1994

14. The 1992-1994 programme of cooperation was approved to cover the period immediately following the civil war. The programme has supported Government efforts: (a) to reduce IMR, U5MR and MMR; (b) to reduce severe and moderate malnutrition in children; (c) to increase opportunities in basic education, especially for girls and women; (d) to reduce water-borne diseases by increasing access to potable water supplies and sanitary means of excreta disposal; (e) to promote the planning and implementation of integrated basic services through an area-based approach; (f) to prepare a national programme of action; (g) to improve sectoral monitoring capacity through support to key institutions; and (h) to formulate policies on health, education and women and incorporate gender-responsive planning in programmes.

15. The 1992 programme implementation review of Government/UNICEF cooperation concluded that programme implementation remained too centralized. Decentralization of assistance to the woreda and community levels was

recommended strongly. The 1990 mid-term review of the 1988-1991 programme of cooperation made a similar recommendation.

Health

16. The achievements of the health programme were found to be inadequate. Major constraints were the destruction and looting of health institutions (approximately 20 per cent), security problems limiting access, lack of community participation and poorly motivated health workers. Largely owing to the disintegration of mass organizations, expanded programme on immunization (EPI) coverage fell from 59 per cent in 1990 to 13 per cent in 1992. Strong social mobilization, sensitization, well-organized vaccination days and the decentralization of health management to build a strong system with full public participation were among the recommendations made to reinvigorate EPI. Following up on those recommendations, EPI reached an estimated 25 per cent of a 30 per cent target by the end of 1993, while also reducing the average cost per fully immunized child from $12.60 in 1992 to $2.19 in 1993. Over the same period, tetanus toxoid coverage of women rose from 3 to 10 per cent. However, drop-out rates of about 40 per cent have been recorded in most regions.

Nutrition

17. Limited coverage resulted from weak nutrition monitoring and the lack of an operational field network in the Ethiopian Nutrition Institute. A major recommendation of the programme implementation review was to strengthen collaboration between the Family Health Care Department of the Ministry of Health and the Ethiopian Nutrition Institute in human resources development, programme implementation and technical support. It was recommended further that collaboration between the Ministry of Health and other sectors, such as education and agriculture, would improve service delivery and household food security in rural areas. More systematic use of programme monitoring information and a review of coordination mechanisms were recommended. At the national level, advocacy for nutrition policy development was encouraged. Over the period 1991-1993, vitamin A supplementation was provided to an estimated 1 million children under the age of five years. About 2.5 million persons were using iodized marine salt from the Assab salt works before production and distribution was destabilized as a result of the civil war and the subsequent partition of the country in 1991.

Water supply and environmental sanitation

18. Despite considerable financial, material and technical efforts, achievements in this programme are few. Of the 769 new schemes planned, only 217 schemes, serving some 350,000 persons, were achieved during 1991-1993, with 4,092 water points maintained or rehabilitated out of 5,808 targeted. Major constraints were the gradual decline of government budget allocations to water supply, coupled with negligible allocations for sanitation; the restructuring and decentralization of the responsible government organizations, resulting in temporary fragmentation of decision-making mechanisms and rapid staff turnover; security problems that blocked access to some project areas; and inadequately trained personnel. The programme review recommended more advocacy with the Government to increase budget allocations for water supply and sanitation;

adaptation of the programme to suit the new decentralization policy; an increased focus on awareness-raising and education through implementation of community-based sanitation projects and maintenance schemes; and greater support for training of personnel. In late 1991, the Ministry of Health regenerated government commitment to dracunculiasis eradication by reorganizing the national steering committee and instituting a passive case review, followed by an active case search covering five regions. Some 800 cases of dracunculiasis were found in 116 villages in 2 regions where the disease is endemic. As of 1994, two were free of cases and one remains to be searched; eradication activities have started. The programme provided technical assistance for the development and execution of the search. Eradication supplies and activities were funded jointly from the programme budget and by Global 2000, an NGO.

Education

19. The programme implementation review concluded that the education programme suffered from declining primary school enrolment and literacy rates, irrelevant curricula, poor quality of teaching and scarcity of textbooks. The dismantling of community organizations sharply reduced community involvement in the planning, implementation, monitoring and, therefore, sense of ownership of education. In particular, early childhood care, development and education and literacy programmes have received little government attention. The programme advocated and provided technical assistance for the formulation and adoption of a new educational policy based on the principles of the World Conference on Education for All, the strengthening of community structures and mobilization at the grass-roots level. The development of monitoring and evaluation mechanisms should improve performance substantially.

Area-based development

20. The rural and urban integrated basic services projects have shown that the area-based development strategy has succeeded in mobilizing local communities through, for example, community construction of buildings for grinding mills and support for early childhood development. Since the early 1980s, the rural/urban integrated basic services projects have influenced social development in 95 woredas. In 1992-1993, 60 per cent immunization rates for infants were recorded in rural/urban integrated basic services areas, while the rest of the country had an average of about 13 per cent. Rural activities also engendered a sense of community ownership, as illustrated by the large number of the rural integrated basic services structures protected by the communities during the extensive looting that occurred with the change of government in May 1991. Communities are involved in the identification of needs, project planning, implementation, monitoring and evaluation. About 720 community members have been trained. Human and material resources have been mobilized to address community needs, for example, early childhood care, development and education centres have been established and supported through community contributions. Activities have attracted a wide range of basic technical and entrepreneurial skills to villages and have increased employment (especially self-employment opportunities) by stimulating production and enhanced self-reliance. About 4,250 female-headed households were provided with credit for self-employment schemes, although this was about one half of the target for the period. The programme review recommended the establishment of nutritional impact monitoring

systems; the enhancement of women's roles, especially in programme decision-making; the exploration of new employment opportunities for women; better planning and synchronization of essential drugs with the health and disease profiles of the communities; the establishment of a community-based incentive system for better-managed projects; and the development of criteria for providing and subsequently phasing out assistance.

21. The emergency preparedness programme supported the RRC early warning system to monitor droughts and impending food shortages. Support to emergency relief programmes has been targeted at about 250,000 Somali refugees and about 100,000 Ethiopian returnees and victims of drought and armed conflict. Focusing on supplementary and therapeutic feeding, measles vaccination, water supply and sanitation and the provision of essential drugs and health supplies, UNICEF assistance was provided through both ministries and NGOs. An estimated 64,140 children under five years of age, as well as pregnant and lactating women, benefited from targeted nutritional programmes, while 71,880 benefited from emergency health services, often provided in collaboration with such NGOs as Médecins sans frontières (Doctors without Borders). To aid the displaced, the programme provided basic shelter materials, blankets and cooking utensils, channelled through RRC and NGOs. Emergency rehabilitation activities focused on the repair of water facilities, reopening of health services and provision of nutritional support in war- and drought-affected areas.

22. The number of media institutions involved in social mobilization and information, education and communication (IEC) for child survival, protection and development has more than doubled. However, the mass media remain underutilized in sustained advocacy and information activities, mainly because of a slow-working central planning bureaucracy, which is being replaced gradually by a decentralized system. Nevertheless, the ratification of the Convention on the Rights of the Child in 1992 and the establishment of offices responsible for women's issues in all government ministries are partly a result of advocacy activities supported by the programme. To commemorate the international children's day of broadcasting in 1992, Ethiopian television broadcast several child survival, protection and development-related programmes based on Facts for Life messages, the Convention on the Rights of the Child and other issues, in the Amharic, Oromigna and Tigrigna languages. However, coverage has focused mainly on events and less on issues. Local journalists, editors and producers have relied on press kits and information supplied by UNICEF and other organizations, and this support has helped to create more interest in development issues among the mass media. Follow-up is still needed, however, to train extension workers, animators and scriptwriters in writing, producing and monitoring communication activities.

23. The programme development sector focused on the promotion of the goals adopted by the World Summit for Children, the preparation of the national programme of action, policy and programme development, advocacy and data collection, coordination and monitoring. Improving government capacities in programme development, monitoring and evaluation was supported through training and technical assistance. Several monitoring activities, such as annual and quarterly review meetings, field trips, studies and evaluations, were supported. Fifty-six studies and evaluations were undertaken in 1992 and 1993, although their quality and the extent of their use for policy development and improvement

in implementation need to be improved. The findings and recommendations of the studies and the evaluations have been utilized, however, in the preparation of the present country programme. The Government, through the Ministry of External Economic Cooperation, has coordinated the regular country programme, while RRC coordinates emergency relief activities.

Lessons learned during the programme cycle

24. The previous programme of cooperation was implemented through centralized institutions, in line with the central planning orientation of the previous Government. There was limited access to rural areas because of the civil unrest. Within this context, supervisory and management support from the centre to the periphery was curtailed. Donor involvement in field monitoring and evaluation decreased because of security and bureaucratic constraints. Communities remained passive. Supplies and equipment often remained at the capital and in the major towns. Rural and urban integrated basic services activities were the exceptions, but they could not be expanded for political reasons. Therefore, most UNICEF programme assistance supported central-level ministries and institutions. These organizations had limited capacity to reach priority population groups owing to a period of organizational stagnation after the change of Government and the commencement of a massive decentralization of public administration.

25. Evaluation of the rural and urban integrated basic services projects and the joint nutrition support programme have shown that area-based programmes are capable of reaching underserved and disadvantaged communities. However, decentralized programmes need to have longer lead-time for planning in order to cultivate commitments with local governments sufficiently, a measure which will strengthen sustainability. Monitoring systems need to be more complete and extend beyond a focus on inputs. An analysis of the results, in terms of access and coverage of services by sector and the extent to which improved service delivery is helping to meet basic needs, is essential. All cooperating government agencies need to employ standardized accounting procedures for estimating unit costs so that programme inputs can be managed in a more cost-effective manner. The involvement and empowerment of women has to be increased and sustained as the key building block for increasing community and family effectiveness in child survival, development and protection initiatives.

Country programme preparation

26. The Ministry of External Economic Cooperation established an interministerial committee in consultation with UNICEF to guide the preparation of the country programme. The committee reviewed the situation of children and women in Ethiopia, the goals of the World Summit for Children, the provisional national programme of action, the 1990 mid-term review recommendations and the subsequent programme implementation reviews in the process of formulating a country programme strategy. The strategy was reviewed by a formal committee comprising the Government, UNICEF, representatives of the regional governments, several bilateral donors, United Nations agencies and NGOs. The draft sectoral programmes were later reviewed by the same committee.

RECOMMENDED PROGRAMME COOPERATION, mid-1994-mid-1999

General resources: $75,000,000
Supplementary funding: $37,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Nationwide programmes			
Primary health care	12 360	7 100	19 460
Household food security and nutrition	3 100	1 000	4 100
Water supply and sanitation	4 600	4 250	8 850
Basic education	4 600	4 250	8 850
Social communication	2 500	900	3 400
Programme development	6 800	-	6 800
Emergency preparedness	3 100	-	3 100
Woreda integrated basic services programme	37 500	18 750	56 250
Dracunculiasis eradication	440	1 250	1 690
Total	75 000	37 500	112 500

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

27. The overall goal of the 1994-1999 country programme is to contribute to the development of policies, systems and approaches that will accelerate the reduction in mortality and morbidity among children and women through implementation of national programme of action goals and targets, as provisionally adopted by the Transitional Government. The programme has two broad synergistic strategies: (a) to address priority child and women's survival needs through rebuilding and expanding nationwide service delivery systems and programmes, taking into consideration selected mid-decade goals, and to incorporate the national programme of action into the policies and budgets of the new regional Governments and woreda administrations; and (b) to support integrated basic services programmes at woreda and community levels. The nationwide programmes will also contribute to the delivery and incorporation of basic services in woreda programmes. Conversely, the woreda basic services programmes will be the basis for sustaining nationwide programmes and introducing implementation of the national programme of action through community

participation, capacity-building and empowerment. The woreda basic services programmes would also seek to achieve targets beyond those that can be achieved nationwide. Thus, the government emphasis on rural development through bottom-up planning and its shifting of resources to regional and woreda levels provides a unique opportunity for a nationwide social development strategy to be launched during the programme period. Ethiopia has established decade goals for children in its provisional national programme of action that, reflecting the country's limited domestic and external resources, are ambitious, even if somewhat lower than the mid-decade goals and goals for the year 2000.

28. The objectives and strategies of the government/UNICEF nationwide programmes include: (a) accelerating universal child immunization (UCI) to reach 80 per cent coverage, combined with vitamin A distribution to eliminate deficiencies; (b) achieving 80 per cent oral rehydration therapy (ORT) use by child-care workers; (c) eliminating IDD through salt iodization; (d) promoting positive sexual behaviour and practices to prevent HIV infection among 80 per cent of youths aged 10 to 19 years, both in and out of school; (e) promoting baby- and mother-friendly practices in 75 per cent of the country's 89 hospitals and 160 health centres; (f) eradicating dracunculiasis by 1995; (g) advocating implementation of the Convention on the Rights of the Child, the national programme of action and the Consensus of Dakar focusing on selected mid-decade goals; (h) establishing systems for monitoring the situation of children and women as part of the Government's regular social statistics compilation; (i) formulating child- and women-focused policies; and (j) assisting central and regional governments to increase emergency preparedness capabilities and improved response to emergency situations. As part of these nationwide interventions, the programme also will support the development and promotion of social sector policies, especially those focusing on popular participation, capacity-building and empowerment in sectors affecting women and children. In addition, UNICEF assistance will support the regions in implementing nationwide programmes and in replicating woreda integrated basic services experiences in every region of the country. Specific support will focus on management and systems development, human resources development, social mobilization, provision of supplies and logistics.

29. The central Government will have the main responsibility for coordinating and monitoring the nationwide programmes to achieve national coverage of key services that will accelerate the reduction of infant, child and maternal mortality. Nationwide programmes are formulated centrally in concurrence with the regions. Implementation is mainly the responsibility of the regional governments and woreda administrations. These programmes will include such cross-cutting strategies as strengthening the role of women and building capacity, advocacy and social mobilization, which collectively will serve to enhance the impact of the programme and strengthen its sustainability.

30. The main thrust of the woreda integrated basic services programme is to establish sustainable systems to save lives and improve services. Key to the strategy is the empowerment of communities through their involvement in the identification of needs, planning of interventions, mobilizing and management of resources and implementation of programmes using low-cost, community-managed and, thus, sustainable technologies. Special attention will be given to

capacity-building at woreda and community levels to improve the management and delivery of basic services.

31. Core services and projects in the woreda integrated basic services programme include the development of primary health care (PHC) based on the Bamako Initiative strategy; household food security and nutrition using the "triple-A" approach (assessment, analysis and action); water supply and environmental sanitation, with an emphasis on community-based and community-managed technologies, as well as community-based control of diarrhoeal diseases (CDD); basic education, using strategies of the World Conference on Education for All through public, NGO, media and community-based organizations; and planning and evaluation that will help communities internalize the triple-A approach and assist the Government in monitoring the implementation and impact of the national programme of action, the Convention on the Rights of the Child and the country programme. Environmental protection and improving the survival and protection of children and women in especially difficult circumstances, as the first two steps towards development, will be the primary intersectoral focus of the programme. The empowerment of women will be addressed through such interventions as improved household-level technologies, the promotion of participation in community activities and increased access of women to credit, life-skills information, education and health services.

32. The objectives of the programme in the targeted woredas include reducing (a) IMR from the 1992 estimated level of 123 to 68 per 1,000 live births; (b) U5MR from 208 to 92 per 1,000 live births; (c) MMR from an estimated 700 to 400 per 100,000 live births; and (d) child malnutrition from 47 to 30 per cent. The objectives also include increasing (a) immunization coverage from 25 to 90 per cent; (b) enrolment of primary education from 19 to 60 per cent, with an emphasis on girls; (c) access to safe water from 23 to 43 per cent; and (d) sanitary means of excreta disposal from 7 to 25 per cent.

33. The woreda integrated basic services strategies are based on adaptive programming through a "rolling" plan. This process will ensure that, on the one hand, resources available for the year are allocated by region, woreda and community, based on clearly defined priorities, and that, on the other hand, important opportunities for expanding to regional or nationwide coverage can be achieved through adjustments in programmes in concert with regional governments. The strategies reflect the principle of developing integrated approaches with strong community participation that will lead to effectiveness, affordability and sustainability. Start-up activities include training in participatory planning and baseline surveys. Projects will be managed and decisions taken by the participating communities themselves, with the support of extension workers and community-based organizations. The targeting of deprived communities brings a focus to alleviating poverty and reducing disparities in the selected woredas through credit services, with a special focus on households headed by women, and the promotion of cooperatives through linkages with the World Bank-funded social rehabilitation project. The selected areas will provide an opportunity for innovative activities, processes and technologies for basic services and community development, which can be adapted for wider application. Systematic evaluation of activities at the central level will contribute to the improvement of national policies and nationwide application of lessons learned through the participation of regional, woreda and community organizations.

34. Out of 647 woredas nationwide, 64 are to be covered by the woreda integrated basic services programme, that is, about 10 per cent of the woredas in each region. The criteria for their selection have been established by the Government and UNICEF and adapted for each region. Support to the 64 woredas will be phased in, targeting 16 woredas during the first year and adding 20 and 28 in the second and third years respectively. The central Government and the regions have agreed that UNICEF technical and material support should be made available directly through regional governments, with resources targeted at the selected woreda. Implementation in each region will provide an opportunity to achieve and perhaps surpass the NPA goals in the selected woredas, thereby contributing significantly to progress towards achieving the selected mid-decade and other NPA goals nationally. The lessons learned from the implementation of the programme will also contribute to the improvement of social service programmes in each region. Annual reviews will lead to the extension of the programme to all remaining woredas. This will influence the focus of future regional social sector plans.

35. Close monitoring of the programme's impact on children and women will be achieved by using baseline surveys and community-based surveillance systems. An assessment of the programming process will be based on (a) development of policy at the central level for promotion of a participatory, area-based development strategy; (b) support of the social and economic committee of each woreda for the integration of basic services at the woreda and, especially, community levels; (c) mobilization of domestic resources for, and participation of NGOs in, expanding of the woreda integrated basic services programme; (d) assessment of the level of support of other donors to the woreda integrated basic services approach in additional woredas; (e) determination of the level of community participation in and ownership of programmes; (f) degree of coordination and mutual reinforcement among basic services programmes; (g) extent to which regions have adopted the woreda integrated basic services experiences in their own socio-economic programmes; and (h) overall impact of woreda integrated basic services activities on progress towards achieving the national programme of action goals.

36. Advocacy for and mobilization of additional external support to achieve coverage of all 647 woredas nationwide will be a central feature of the strategy. Lessons learned in the initial years of the programme will facilitate replicating successful experiences in each region with government and community funds and donor support. This will increase the level of "spin-off" benefits from the strategy in support of NPA implementation.

Primary health care

37. The following PHC objectives are linked to the woreda integrated basic services programme: (a) elimination of neonatal tetanus; (b) reduction of ARI-related child deaths by one third; (c) reduction of measles incidence by 70 per cent and of measles mortality by 95 per cent; and (d) adoption of a change in attitude on AIDS prevention among youth 10 to 19 years of age. The Bamako Initiative strategy, including the development of community co-managed facilities, cost-sharing and income-generating schemes, will strengthen community involvement and sustainability of PHC/maternal and child health (MCH) services in terms of access, utilization and quality. Increased access to

promotive, preventive and curative measures against diarrhoeal diseases, ARI and malaria through outreach services and community health services will help to decrease mortality. The rebuilding and extension of facilities and personnel capacity at health institutions will be accelerated through training, logistics support and provision of drugs and equipment. Under the Bamako Initiative strategy, community health and development committees will be established and health personnel and development agents trained in community co-management. In addition, integrated community-based health care will be established. Community-level training will focus on ORT use and diarrhoeal case management. A safe motherhood initiative will be implemented to improve access to prenatal and postnatal care, including services for promoting breast-feeding, family planning education and AIDS awareness. A focus on the implementation of the rural health information systems will strengthen decentralized monitoring to support woreda and community-based planning and management mechanisms.

38. To prevent immunizable diseases nationally, the health programme will seek to achieve 75 per cent coverage for all antigens, including tetanus toxoid for women of child-bearing age. This will be achieved in part by mobilizing religious, media and community leaders to reduce drop-out rates. EPI service delivery will be strengthened at existing sites, new sites will be established in underserved areas and vitamin A will be distributed as the first part of an EPI-plus system.

39. Other nationwide programme activities include advocacy with the Ministry of Health to develop relevant health policies, strategies and guidelines, including those on EPI-plus, the Bamako Initiative, integrated delivery of MCH services, control of communicable diseases, community health services and essential drugs, safe motherhood and control of malaria and ARI. AIDS prevention activities will include establishing AIDS clubs in schools, training teachers and providing out-of-school youth peer groups and group leaders with health education services.

Household food security and nutrition

40. The objective of this programme is to reduce child and maternal malnutrition and to increase household food security in the woredas in the integrated basic services programme from the 1992 level of 10 per cent to above 60 per cent by 1997. The programme will build awareness and skills in analysing nutritional issues so as to enable communities to assess, analyse and act on nutrition problems through the triple-A approach. High priority will be given to households in especially difficult circumstances, in particular those headed by women. Programme planning and implementation will focus on the role and needs of women in all activities.

41. The nationwide programme will advocate implementation of the national food and nutrition strategy, which will incorporate the national programme of action nutrition goals into regional development plans and annual budgets. The national nutrition programme will reactivate the marketing of iodized salt as a strategy to control and eventually eliminate IDD.

42. In woreda integrated basic services areas, support will be given to the promotion of dietary modification through fortification and supplementation

programmes in order to control and prevent micronutrient deficiencies, especially iodine, vitamin A and iron. Through IEC, dietary intake of vitamin A- and iron-rich foods will be promoted in ways that can be sustained by communities. In the woredas in the IBS programme, community-based systems will be introduced to involve the parents in growth monitoring and promotion. Monitoring of low birth weight and measurement of mid-arm circumference of pregnant women will be undertaken by community health workers. Promotion of community and family support to reduce the workload of pregnant women and improve their dietary intake are measures that will address maternal malnutrition. Government and NGO extension workers and community-based groups will be trained to analyse household food security problems. Households with food insecurity will be assisted through access to credit and agricultural inputs, such as appropriate low-cost technologies. The introduction of high-yield crop varieties as well as energy-saving and food-conservation technologies will help communities to improve their food security throughout the year.

Water supply and environmental sanitation

43. This programme will (a) support the development and promotion of national policies by providing technical and other assistance; (b) reduce water-borne and water-related diseases in the 64 woredas in the integrated basic services programme by increasing access to potable water supplies from 23 to 43 per cent and sanitary means of excreta disposal from 7 to 25 per cent; and (c) aim to eliminate dracunculiasis in endemic areas by the year 1995 and provide subsequent verification by the year 2000. To facilitate implementation, the programme will assist in building capacity at regional and woreda levels in line with the government policy of decentralization of sector management and operation. The promotion of environmentally friendly, low-cost technologies will be a key element in achieving the targets of the water supply and environmental sanitation sector.

44. The primary woreda integrated basic services activities will be (a) development of human resources, e.g., training of technicians, community participation promoters and sanitation workers; (b) mobilization of other donors to use cost-effective, replicable, affordable and sustainable technologies; (c) establishment or strengthening of maintenance facilities at regional and woreda levels; (d) promotion of community management and protection of water sources, with particular emphasis on women's empowerment; (e) design and dissemination of environmental sanitation and hygiene information; and (f) introduction of community-based monitoring systems, completion of the active case search for dracunculiasis and education on prevention. These activities will be closely linked to health education and CDD in the woredas in the integrated basic services programme.

Basic education

45. Based on the goals of the World Conference on Education for All, the woreda integrated basic services programme aims to (a) increase access to family- and community-based early childhood care, development and education from 2 to 20 per cent; (b) increase access to primary education from 19 to 60 per cent; and (c) increase literacy among 15- to 49-year-olds, especially girls and women,

from 24 to 36 per cent. The strategies include strengthening social mobilization, community involvement, primary education and adult education programmes, especially functional literacy, and increasing support to basic development education centres. The involvement of NGOs, community-based organizations and development workers in the planning, management and monitoring of interventions will strengthen the foundation for education activities. The woredas in the integrated basic services programme will be assisted in adapting curriculum materials to respond to community needs.

46. National-level support will be directed to (a) the preparation of an Education for All-oriented basic education policy with input from the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF; (b) a comprehensive education analysis initially using woredas in the integrated basic services programme; (c) the introduction of child survival, protection and development-focused subjects in the syllabus and textbooks of pre- and in-service training of pre-school and primary school teachers; (d) strengthening education media to broadcast Facts for Life and education for peace messages; and (e) radio education for primary schools. Education activities both in national and woreda integrated basic services programmes will be adjusted once the national policy and accompanying strategies are completed. The woreda integrated basic services programme will support the introduction of basic education technologies, to enhance teaching and learning of community survival skills, and pre- and in-service training for pre-school and primary school teachers. The new policy on the use of local languages for school instruction will be supported through the provision of printed materials and the strengthening of training, research and translation services. Education topics will include health, nutrition, sanitation, AIDS prevention, environmental protection, education for peace and conflict resolution. Experiences gained in the woreda integrated basic services programme, coupled with the strengthening of partnerships between the Ministry of Education, other ministries, donors and NGOs, will contribute to ensuring that primary education enrolment and completion, especially by girls, is given high priority.

Social mobilization and communication

47. Social mobilization and information, education and communication activities in support of national programme of action goals will promote nationwide programmes. In the woredas, the integrated basic services programme will increase the demand for and participation in community-managed social services that contribute to the well-being of children and women. The communication strategy will focus on target groups, particularly female-headed households in rural areas, in order to generate changes in health knowledge, attitudes and practices, and to promote the utilization of basic services. The key to this effort is strengthening the communication skills of extension and community-based workers. Programme communication also will seek to enhance the empowerment of communities with technical knowledge and organizational skills for improving the quality of life. Innovative and traditional approaches to information, education and communication, as well as the increased involvement of women's organizations and religious groups, will help to develop more effective communication strategies. Regional governments and woreda administrations will be supported in the development of social mobilization components as part of their woreda integrated basic services plans of action.

48. Programme activities will ensure (a) the incorporation by sectoral programmes of a community and social mobilization component to stimulate effective community participation in planning, implementation, monitoring and evaluation; (b) the cooperation of all media operating in the region to support programmes benefiting children and women through advocacy, public information and policy promotion; (c) widespread dissemination of Facts for Life messages in the mass media; and (d) community-level communication interventions based on a solid understanding of the socio-economic and cultural profiles of communities.

Programme development, monitoring and evaluation

49. This cross-cutting programme will strengthen capacity at national, regional and woreda levels to support the planning and implementation of Government-UNICEF cooperation, the national programme of action, continuous monitoring of the situation of children and women and compliance with the Convention on the Rights of the Child. This programme also will help to strengthen community knowledge and skills in the triple-A process and to help all levels of government to monitor the social impact of socio-economic policies.

50. The programme will develop approaches for integrating gender concerns into woreda and regional socio-economic development plans and will promote strategies on appropriate technology, monitoring and evaluation and children and women in especially difficult circumstances for each sectoral programme. Systems that facilitate planning- and project-level coordination between programmes will also be developed. The monitoring and evaluation activities, including surveys, rapid assessments, appraisals, evaluations and studies, have been integrated into a single monitoring and evaluation plan. These activities will contribute to the 1996 mid-term review and final evaluation of the programme.

Emergency preparedness programme

51. The national policy on disaster prevention and management, launched in 1993, aims to combine relief efforts and economic development to strengthen coping mechanisms in disaster-prone areas in order to minimize suffering. The policy delineates functions and responsibilities of the three levels of government. The key strategies are (a) to strengthen emergency preparedness and management capacities of the regional RRC bureaux, in collaboration with the United Nations Development Programme (UNDP); (b) to assume the role of advocate for children and women in especially difficult circumstances; and (c) to establish remedial programmes for them. Sectoral projects will be targeted to minimize child mortality in emergencies through adapting and restoring basic services and family food security through funding from emergency appeals. Data-gathering and analysis of early warning systems will be an important focus. Information on available local resources for disaster management will be gathered during the woreda baseline surveys.

52. The programme will provide financial, material and technical assistance for strengthening regional RRC structures and specific community-based organizations involved in preparing local disaster preparedness and assistance plans. Mechanisms will be developed, in close collaboration with RRC, NGOs and the United Nations system, to improve local response to emergency situations in a timely and coordinated manner.

Cooperation with other agencies

53. The provisional national programme of action constitutes the general framework within which the country programme has been prepared and will be implemented and reinforced by additional assistance from bilateral and multilateral agencies. UNDP and UNICEF are collaborating in assisting regional governments to improve their socio-economic development plans through area-based programmes and emergency preparedness and mitigation activities. WHO and the United Nations Population Fund (UNFPA) are providing technical assistance to the woreda integrated basic services programme for the development of PHC and family-planning services. Communities in the selected woredas will have access to credit under the recent World Bank-funded social rehabilitation project and to food aid provided under the Government/WFP food-for-work programme. Education for all and human resources development initiatives will be supported by the African Development Bank (AfDB), the Swedish International Development Authority (SIDA), UNDP, UNESCO and the World Bank. The Canadian International Development Agency (CIDA), the Governments of Italy and the Netherlands, SIDA, the United States Agency for International Development (USAID), FAO and several NGOs, including Rotary International, will continue their complementary support to a range of governmental and non-governmental programmes benefiting children and women. UNICEF will continue to participate fully in inter-agency collaborative mechanisms established to reduce duplication and increase the impact of assistance, especially to children and women, from all sources. The Government and UNICEF have shared the draft programme of cooperation with other United Nations agencies. The plan is complementary to UNDP, FAO, UNESCO, UNFPA, WFP and WHO programmes of cooperation. The cooperation already initiated is expected to assist the Government in preparing its country strategy note for United Nations agency collaboration during the first part of the programme period.

54. UNICEF will continue to cooperate with other United Nations agencies involved in emergency operations through established in-country mechanisms. Several United Nations agencies (UNDP, WFP, the Office of the United Nations High Commissioner for Refugees and UNICEF) have decided to apply the cross-mandate concept in their interventions, assisting a given community with no distinction between refugees, returnees, internally displaced or drought-affected persons, thereby addressing the needs of the community as a whole in an integrated manner. UNICEF also holds regular consultations with the Joint Consultative Group on Policy, which has decided to harmonize its programming cycles by 1998, taking the government planning modalities into account.

Programme management

55. The woreda integrated basic services programme will be a major resource for improving the performance of nationwide programmes and reorienting social sector policies. It also will serve as the basis for expanding programmes to cover individual regions and eventually the entire country. The woreda integrated basic services programme is being initiated in a context of a severe shortage of skilled personnel and at a time when the government decentralization process and the revision of social and economic policies are still in progress. This implies low regional and woreda capacity in at least the initial phase. In

order to support capacity-building at these levels for programme management, accountability and implementation, with a focus on community empowerment, the existing four zone offices will be strengthened by assigning additional staff, most of whom will be redeployed from Addis Ababa. UNICEF staff will work with regional and woreda authorities and NGOs in capacity-building and systems development in line with the objectives of the country programme. This will strengthen accountability and build national capacity to manage the country programme and implementation of the national programme of action.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Ethiopia	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	208	(1992)	Very high U5MR
Infant mortality rate	123	(1992)	Very high IMR
GNP per capita	$ 120	(1991)	Low-income GNP
Total population	53.0 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	1476	1768	2498	2627
Infant deaths (under 1)	(thousands)	234	272	317	322
Under-five deaths	(thousands)	398	460	539	547
Under-five mortality rate (per 1,000 live births)		270	260	216	208
Infant mortality rate (under 1) (per 1,000 live births)		159	154	127	123

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1982/1992)	Moderate & severe	38 a/	48 b/
	Severe	..	16 b/
Babies with low birth weight (%, 1979/1990)		13	16
Primary school children reaching final grade (%, 1984/1988)		41 *	44

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1992)	..	74
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.)(%, 1992)	..	35
Prevalence of wasting (%, 1982/1992)	19 a/	12 b/
Prevalence of stunting (%, 1982/1992)	43 a/	63 b/
Daily per capita calorie supply (% of requirements, 1979-81/1990)	77	73
Total goitre rate (1990)	..	22
Household expenditure (% of total income, 1980-85) All food/cereals	..	49 / 24

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	68
Access to health services	Total	..	46
(% of population, 1990)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	..	25
(% of population, 1991)	Urban/rural	.. / ..	91 / 19
Access to adequate sanitation	Total	..	19
(% of population, 1991)	Urban/rural	.. / ..	97 / 7
Births attended by trained personnel (%, 1988)		..	14
Maternal mortality rate (per 100,000 live births, 1992)		..	560 b/

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	10	11*	57 c/	21
	DPT	6	6	44 c/	13
	Polio	7	6	44 c/	13
	Measles	7	12	37 c/	10
Pregnant women (%) immunized against:	Tetanus	..	4	43 c/	7

a/ Data from nine zones.
b/ Rural only.
c/ Area under goverment control.

* UNICEF field office source.

TABLE 1 (continued)

Ethiopia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	35 / ..	38 / 28
(%, 1980/1988)	Male	45 / ..	46 / 32
	Female	25 / ..	30 / 24
Secondary enrolment ratio (gross/net)	Total	9 / ..	15 / ..
(%, 1980/1988)	Male	11 / ..	17 / ..
	Female	6 / ..	12 / ..
Adult literacy rate, 15 years & older	Total	4	24
(%, 1970/1984)	Male/female	8 / ..	33 / 16
Radio/television sets (per 1,000 population, 1980/1990)		77 / 1	191 / 2

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(millions)	31	39	50	53	67
Population aged 0-15 years	(millions)	14	18	24	26	33
Population aged 0-4 years	(millions)	5.5	7.0	9.6	10	12
Urban population (% of total)		9	11	12	13	15
Life expectancy at birth	Total	40	41	46	47	50
(years)	Male	38	39	44	45	49
	Female	42	43	48	48	52
Total fertility rate		6.7	6.8	7.0	7.0	6.3
Crude birth rate (per 1,000 population)		48	46	49	49	45
Crude death rate (per 1,000 population)		24	23	19	19	16

		About 1980	Most recent
Contraceptive prevalence rate (%, 1981)		2	..
Population annual growth rate	Total	2.4	2.6
(%, 1965-80/1980-92)	Urban	4.5	4.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		0.4	-1.6
Inflation rate (%, 1965-80/1980-91)		3	2
Population in absolute poverty (%, 1980)	Urban/rural	60 / 65	.. / ..
Household income share (% ,1982)	Top 20%/bottom 40%	41 / 21	.. / ..
Government expenditure	Health/education	4 / 9	3 / 11
(% of total expenditure, 1980/1988)	Defence	..	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 4
Official development assistance:	$US millions	212	951
(1980/1991)	As % of GNP	5	15
Debt service (% of goods and services exports, 1980/1991)		6	23

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1994 a/

COUNTRY: ETHIOPIA
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $49 500 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	6 802	665	942	63	1 419		1 730	13	10 893	15 900	741	1 500	11 634	17 400
Household food security and nutrition	678	269	134	55	1	42	270	181	1 083	1 930	547	1 000	1 630	2 930
Water supply and sanitation	3 624	17	93	16	1 119		671	14	5 507	9 750	47	1 750	5 554	11 500
Education	897	84	1 220	19	251		752	57	3 120	6 800	160	1 500	3 280	8 300
Community organization and development	2 801	86	272	8	508		1 348	4	4 929	10 110	98	1 150	5 027	11 260
Programme support	938	352	178		1 695		1 161	177	3 972	3 990	529	750	4 501	4 740
Emergency	189	8 998	20	308	485	411	165	3 668	859	1 020	13 385	21 932	14 244	22 952
GRAND TOTAL	15 929	10 471	2 859	469	5 478	453	6 097	4 114	30 363 b/	49 500	15 507	29 582	45 870	79 082

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.

b/ Including expenditure from global fund and additional general resources for unfunded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, mid-1994 - mid-1999

(In thousands of United States dollars)

Country: ETHIOPIA Period covered: mid-1994 - mid-1999	Funding status	mid-1994	1995	1996	1997	1998	mid-1999	Total
Primary health care	GR	1 260	2 460	2 460	2 460	2 460	1 260	12 360
	FSF	1 152						1 152
	NSF	410	1 320	1 470	1 570	1 620	710	7 100
Household food security and nutrition	GR	310	620	620	620	620	310	3 100
	FSF	378						378
	NSF	100	200	200	200	200	100	1 000
Water and environmental sanitation	GR	460	920	920	920	920	460	4 600
	NSF	400	850	850	850	850	450	4 250
Basic education	GR	460	920	920	920	920	460	4 600
	FSF	149						149
	NSF	400	850	850	850	850	450	4 250
Social mobilization and communication	GR	250	500	500	500	500	250	2 500
	NSF	90	180	180	180	180	90	900
Programme development, monitoring and evaluation	GR	680	1 360	1 360	1 360	1 360	680	6 800
Emergency preparedness programme	GR	310	620	620	620	620	310	3 100
WIBS central regions	GR	1 350	2 700	2 700	2 700	2 700	1 350	13 500
	NSF	500	1 250	1 250	1 250	1 250	750	6 250
WIBS southern regions	GR	710	1 420	1 420	1 420	1 420	710	7 100
	NSF	380	760	760	760	760	380	3 800
WIBS northern regions	GR	1 180	2 360	2 360	2 360	2 360	1 180	11 800
	NSF	600	1 080	1 080	1 080	1 080	480	5 400
WIBS eastern regions	GR	510	1 020	1 020	1 020	1 020	510	5 100
	NSF	370	660	660	660	660	290	3 300
Dracunculiasis eradication	GR	20	100	100	100	100	20	440
	NSF	500	350	200	100	50	50	1 250
TOTAL	GR	7 500	15 000	15 000	15 000	15 000	7 500	75 000
	FSF	1 679						1 679
	NSF	3 750	7 500	7 500	7 500	7 500	3 750	37 500
GRAND TOTAL		12 929	22 500	22 500	22 500	22 500	11 250	114 179

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.
WIBS = Woreda integrated basic services (IBS).

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

ETHIOPIA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, mid-1994 - mid-1999 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Primary health care	12 360			12 360			1		1	2	4	1	4	9	2 515	200	2 715
Household food security and nutrition	3 100			3 100				1			1	1	2	4	710	138	848
Water and environmental sanitation	4 600			4 600			1	1	1		3	1	3	7	2 125	169	2 294
Basic education	4 600			4 600				1			1	2	2	5	710	214	924
Social mobilization and communication	2 500			2 500								1	2	3		138	138
Programme development	6 800			6 800				1	2		3	2	20	25	1 966	772	2 738
Emergency preparedness programme	3 100			3 100			1				1	1	3	5	787	169	956
WIBS central regions	13 500			13 500								1	1	2		107	107
WIBS southern regions	7 100			7 100								1	2	3		138	138
WIBS northern regions	11 800			11 800								1	2	3		138	138
WIBS eastern regions	5 100			5 100								1	2	3		138	138
Dracunculiasis eradication	440			440													
TOTAL GR	75 000			75 000			3	4	4	2	13	13	43	69	8 813	2 321	11 134
SUPPLEMENTARY FUNDING																	
Primary health care		1 152	7 100	8 252				1			1	1	1	3	710	107	817
Household food security and nutrition		378	1 000	1 378													
Water and environmental sanitation			4 250	4 250					1		1	1	1	3	628	107	735
Basic education		149	4 250	4 399													
Social mobilization and communication			900	900													
Rep. Office + Liaison								1			1		1	2	710	31	741
Emergency preparedness programme									1		1	1		2	628	76	704
WIBS central regions			6 250	6 250													
WIBS southern regions			3 800	3 800													
WIBS northern regions			5 400	5 400													
WIBS eastern regions			3 300	3 300													
Dracunculiasis eradication			1 250	1 250													
TOTAL SF		1 679	37 500	39 179				2	2	0	4	3	3	10	2 676	321	2 997
TOTAL GR & SF				114 179			3	6	6	2	17	16	46	79	11 489	2 642	14 131
ADMINISTRATION AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	**Operating costs**			1 662													
	Staffing c/			1 902	1		2	1	1		5	4	21	30	1 378	524	1 902
GRAND TOTAL (GR + SF + ADM)					1		5	7	7	2	22	20	67	109			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1992)										23	19	71	113	N/A	N/A	N/A
	- At the beginning of proposed programme (1994)										22	20	67	109	N/A	N/A	N/A
	- At the end of proposed programme (1999) **(Indicative only)**										23	21	70	114	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1994 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Kenya

The Executive Director recommends that the Executive Board approve the country programme of Kenya for the period 1994 to 1998 in the amount of $22 million from general resources, subject to the availability of funds, and $30 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Over the past two decades, poverty in Kenya has diminished family resources, thus affecting the well-being of women and children. The country has experienced sluggish economic growth, rapid population growth, drought, which caused massive crop failure, shrinking size of landholdings, growing landlessness, over-farming of environmentally fragile land, ethnic and land-ownership clashes in some grain basket areas and rapid acceleration of inflation - from 15.8 per cent in 1990 to over 40 per cent in 1993. The threat of poverty is already forcing some low- and middle-income families to miss meals, delay medical care, purchase less than the prescribed amount of drugs and withdraw children (often girls) from school.

2. The national resource base for strengthening basic services has also weakened. The economic growth rate has declined steadily, from 5.8 per cent in 1988 to 2.3 per cent in 1992, and it decreased further, to 0.4 per cent, in 1993. Foreign debt of $7 billion, with a debt service ratio of 34 per cent of export earnings, is further crippling government capacity to contribute to human development.

3. Kenya's current population growth rate of 3.5 per cent per year compares unfavourably with an average of 2.5 per cent for many other low-income countries. However, the total fertility rate dropped from 7.9 children in 1979 to 5.4 in 1993. The current population is estimated at 25 million; children 0-15 years old constitute about 52 per cent of the population.

4. Women constitute an estimated 80 per cent of the agricultural labour force of the nation. Because of their multiple roles in production, fetching of wood and water and caring for children, many women are disadvantaged when compared to men with respect to opportunities for education and employment. Girls usually drop out of school because of early marriage and pregnancy and parental refusal to pay school fees.

5. Although considerable progress has been made in Kenya over the last three decades, the infant mortality rate of 74 per 1,000 live births and the under-five mortality rate of 105 per 1,000 live births are high. These national averages conceal major disparities by region, ethnicity and gender. The most common causes of childhood illness and death are malaria, acute respiratory infections (ARI), diarrhoea and vaccine-preventable diseases. Other causes are low birth weight, malnutrition, deficiencies in such micronutrients as iron, iodine and vitamin A and anaemia as a result of recurrent attacks of malaria.

6. Maternal mortality is also a serious problem. The estimated maternal mortality rate (MMR) is about 225 per 100,000 live births, resulting mainly from haemorrhage, sepsis, obstructed labour, anaemia and toxaemia.

7. The acquired immune deficiency syndrome (AIDS) threatens to reverse the gains already made in reducing infant and under-five mortality rates, despite the efforts of the Kenya National AIDS Control Programme. As of July 1993, over 38,000 cases of AIDS had been reported in Kenya - a number that underestimates the magnitude of the problem as the majority of cases appear to be unreported

and many infected persons are not aware of their status. The Kenya National AIDS Control Programme estimates that between 750,000 and 1 million Kenyans are now infected with the human immunodeficiency virus (HIV), with women between the ages of 15 and 19 years at greatest risk.

8. Child malnutrition remains a serious problem in Kenya. Nationally, prevalence of stunting is about 20 per cent and that of wasting is about 2.5 per cent. Some districts report rates as high as 43 per cent (Kwale) and 52 per cent (Narok). The increasing problem of malnutrition in Kenya is, to a large extent, an outcome of the general economic decline, which has affected the provision of all basic services.

9. Accessibility to adequate safe drinking-water (defined as 20 litres per person per day within a distance of 1.5 kilometres of the homestead) is still below acceptable levels. In urban slum and squatter settlement areas only 53 per cent of households have access to safe drinking-water. In rural areas, access is as low as 42 per cent. Many water points are operating below optimal levels because of inadequate maintenance. Dracunculiasis (guinea worm disease), linked with water supply, has so far been negligible in Kenya, with only five cases detected in a 1989 survey.

10. Only 35 per cent of the rural population and only 50 per cent in slum settlements have access to adequate excreta disposal facilities. Some communities have constructed pit latrines, more to satisfy local administrative authorities than out of conviction of their usefulness. Often, these fall into disuse.

11. The national primary school enrolment rate in Kenya is estimated at 95 per cent, with a male/female ratio of 51/49. Yet completion rates for girls are still much lower than for boys (35/55). Children in urban slums and nomadic communities are particularly disadvantaged. In 12 arid and semi-arid districts, primary school enrolment averages only 70 per cent; similarly, only 64 per cent of children in the urban centres of Mombasa and Nairobi are enrolled. Other problems include low quality of the curriculum and the need to improve teacher training. Participation in pre-school education and care, though at an important preparatory stage in Kenya's educational system, covers only 30 per cent of children below six years of age, with no gender disparity. In those districts with centres for early childhood education, however, participation averages 50 per cent, and many women participate in adult literacy programmes. The national literacy rate for women remains much lower than that for men (40 to 69 per cent respectively).

12. Children in especially difficult circumstances have become a major problem in Kenyan towns and number over 500,000. Rapid urbanization, the recent drought and ethnic clashes over land have increased the number of persons living in urban slums and squatter settlements.

PROGRAMME COOPERATION, 1989-1993

13. The programme of cooperation was adjusted in 1991 to coincide with the Government's sixth national development plan. Programme strategies are closely aligned with the Government's theme of "participation for progress", with an emphasis on basic needs and district-focused strategy for rural development, disadvantaged groups and less developed areas.

Health and nutrition

14. Health and nutrition efforts focused on primary health care (PHC), the Bamako Initiative, immunization (including a special emergency response to curb an outbreak of yellow fever), growth monitoring and promotion, control of malaria and diarrhoeal diseases, the safe motherhood initiative, family planning, the Baby-Friendly Hospital Initiative (BFHI) and a health management information system.

15. PHC activities have contributed to strengthening strategies for improving health care delivery systems. As a result, the Government is promoting cost-sharing and community-based approaches nationwide. The Bamako Initiative is operational in 90 communities in 20 districts and is fully integrated with other health interventions. New technologies to control malaria focus on preventive measures at the household level using impregnated bed nets and the mbu (mosquito) cloth.

16. Although a 1992 survey of immunization levels reported a national coverage rate of about 77 per cent, districts in North-Eastern, Coast and Nyanza provinces recorded levels below 66 per cent owing to the uneven distribution of immunization points and the lack of qualified staff and equipment at many centres. A 1991 evaluation of cold-chain management and logistics revealed up to a 30 per cent loss of vaccines due to inappropriate warehousing, poor handling and weak distribution.

17. The Ministry of Health, the World Health Organization (WHO), the United Nations Development Programme (UNDP) and UNICEF managed an effective response to an outbreak of yellow fever in Rift Valley province in February 1993. In six weeks, the epidemic was contained at a cost of about $1 million and an estimated 720,000 lives were saved. A yellow fever vaccine has now been incorporated into the regular immunization programme in the two affected districts.

18. Kenya was a "flagship country" for launching BFHI in 1991. This initiative has expanded to all provincial and district hospitals and has reached its second stage of implementation, focusing on a community-based approach. Health information systems, at both national and district levels, have been strengthened to connect with community databases in UNICEF-supported "focus districts".

19. UNICEF assistance to nutrition was linked mainly to community-based growth monitoring and promotion, nutrition education and the widespread use of the child health and nutrition information system. Attention was also given to research on weaning foods and practices and to the promotion of salt iodization. During 1992-1993, emergency feeding programmes were supported for between

165,000 and 220,000 mainly Somali refugees and victims of drought and famine per month.

Acquired immune deficiency syndrome/human immunodeficiency virus

20. AIDS surfaced as a major social and health problem in Kenya in the late 1980s. UNICEF and WHO played a leading role in raising public consciousness and concern, in supporting educational campaigns on prevention and community care and in treating AIDS as a development challenge rather than simply a health problem. Concerted efforts with the Ministries of Health and Education, non-governmental organizations (NGOs) and the private sector led to nationwide use of appropriate information materials for high-risk groups and support to outreach programmes focusing on AIDS prevention.

Basic education

21. UNICEF supported district centres for early childhood education and the development of a special curriculum and teacher training geared to three- to six-year-olds. An innovative programme was also developed and implemented for integrating traditional Islamic early childhood education within secular education and child survival and development (CSD) activities. Health (including AIDS) education was the major thrust in UNICEF-supported activities in primary schools, while assistance to adult education helped to produce post-literacy reading materials on CSD issues.

Water supply and environmental sanitation

22. This programme did not achieve all of its targets, as the large supplementary funding component was not fully funded. Notable success, however, was realized in UNICEF support to the Government, NGOs and communities in the focus districts of Baringo and Kisumu through low-cost technologies, community participation and improved systems for sustainability. This experience demonstrated substantial opportunities for empowering women's groups to organize, own and manage water supply systems.

Children in especially difficult circumstances

23. Children in especially difficult circumstances emerged as a critical socio-economic problem during the implementation of the programme, although initially there was little information for planning. Major activities included rehabilitation of street children through non-formal education, skills-building case studies on children in especially difficult circumstances and intensive advocacy and mobilization of private institutions, NGOs, the media and the public. These efforts, combined with the ratification by the Government of the Convention on the Rights of the Child and the review and consolidation of laws relating to children, are expected to help lessen the plight of these children.

Women in development

24. Some cultural resistance and inadequately focused activities for women and girls within sectoral programmes have limited progress in achieving the objectives for women in development. Since the reformulation of the programme

in 1991, however, credit has been extended to over 2,000 women in UNICEF focus districts and the way has been paved to integrate gender concerns more firmly in the current programme process. Stronger advocacy has created more awareness of the Nairobi Forward-looking Strategies for the Advancement of Women and the plight of the girl child and has contributed to the preparation by the Government of a national policy on gender for cabinet approval.

Social mobilization

25. Efforts to sensitize the national and international media to child survival, protection and development issues and increased contacts with media partners have generated greater interest and coverage of programmes and issues related to the situation of children and women. For example, the formation in 1991 of the Inter-disciplinary Committee on Communications and Social Mobilization was a positive step. In the new programme cycle, the Committee is expected to play a crucial role in the production and dissemination of comprehensive messages to support social mobilization efforts in all sectoral programmes.

Social planning and capacity-building

26. The 1989-1993 programme analysed the impact of structural adjustment programmes. Studies were supported on cost-sharing, the impact of structural adjustment on the welfare of the people, socio-economic profiles and household welfare monitoring and evaluation surveys. These studies have strengthened significantly government capacities in data collection, analysis and monitoring.

27. The national capacity-building project initiated a series of operational research activities involving universities, communities and government officers. A 1991 evaluation indicated the project had created useful linkages between universities and communities and had subsequently helped to strengthen the capacities of district-level government institutions. However, delays in analysing and disseminating the results have made it difficult for district teams to use the studies for planning purposes.

Area-based programme

28. The area-based programme covered six rural districts (Baringo, South Nyanza, Kitui, Kwale, Embu and Kisumu) and three urban areas (Nairobi, Mombasa and Kisumu). The overall objective was to institute an integrated approach to the delivery of basic services for women and children and to involve local communities in project design and implementation.

29. The 1991 mid-term review highlighted the need for more effective monitoring and coordination to support the area-based programme. An evaluation in 1992 showed that although the Government's district focus strategy was a historical move towards decentralized planning and management, it did not provide adequate organizational structures and processes for community-based operations. The future success of area-based programming, therefore, depends on (a) providing on-the-spot management back-up support at the field level; and (b) building the management capacities of village development committees.

Emergency programme

30. Since mid-1992 UNICEF has been supporting emergency assistance for drought-affected populations throughout northern and north-eastern Kenya. Although initially the programme was concentrated in Wajir and Mandera districts, it has expanded to eight districts experiencing increasing malnutrition, including Garissa, Marsabit, Turkana, Samburu, Isiolo and Tana River. In Wajir, malnutrition rates previously reported to be over 40 per cent are now below 20 per cent. It is imperative that this level of intervention be sustained and replicated in other severely affected pockets within districts where malnutrition is as high as 50 per cent.

Lessons learned

31. The June 1991 mid-term review brought to light major constraints affecting project implementation, including inadequate financing and weak coordination and supervision. Difficulties in the management and delivery of supplies and equipment arose largely because the Government could not fulfil all its financial management obligations to support this process. Channelling some resources through NGOs, in addition to government sources, proved a viable alternative. It was also determined that targeting too many rural districts and urban areas had led to fragmented programming and made it difficult to develop a successful model.

32. It was concluded that programme formulation was sectorally compartmentalized and the objectives were too broad and unrelated to implementation. This led to scattered, fragmented programmes and projects. There was a lack of monitoring and evaluation indicators, and weak linkage between district-based and national sectoral programmes made it difficult to develop cost-effective, easily replicable projects.

33. The most notable success of the 1989-1993 programme was the development of more effective ways to deliver basic services based on community initiatives and networking with NGOs. In particular, the Bamako Initiative has made it possible to expand PHC, making a significant nationwide impact on maternal and child health. Based on these lessons, the future programme will use community participation as a foundation for focused integrated programming to reach vulnerable groups, in particular nomads, livestock farmers, single mothers and children in especially difficult circumstances.

Country programme preparation process

34. The 1994-1998 programme will be based on the successful collaboration between the Government of Kenya and UNICEF during the 1989-1993 period. The preparation process was fully participatory, involving government representatives from national and district levels, public research institutions, NGOs, UNICEF and the donor community in four major exercises.

35. The mid-term review of June 1991 identified problems and constraints and suggested modifications where necessary. From February 1992 on, UNICEF worked closely with partners to update the situation analysis of women and children in Kenya. A strategy meeting in November 1992 brought together the Government,

collaborating NGOs, the donor community and representatives of UNICEF and the United Nations system to review major programme strategies for drafting a new master plan of operations. Finally, the preview meeting in May 1993 provided the opportunity for a similar mix of partners to review 13 new programme plans of operation.

36. The process of preparing the new country programme has contributed greatly to strengthening the planning capacities of sectoral ministries and their understanding and articulation of issues and problems affecting women and children. It has also created greater awareness of problems affecting children and women, as well as a strong network of partners and advocates for the welfare of children.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

General resources: $22,000,000
Supplementary funding: $30,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Social planning and monitoring	2 500	-	2 500
Child and maternal health c/	4 000	6 000	10 000
Nutrition/household food security	1 000	2 600	3 600
Basic education	2 200	2 600	4 800
Water supply and sanitation	3 500	2 500	6 000
Gender and development	900	900	1 800
Children in especially difficult circumstances d/	1 000	4 500	5 500
AIDS d/	1 000	3 000	4 000
Advocacy, communication and social mobilization	1 000	-	1 000
Children and the environment d/	900	900	1 800
Integrated community-based programme e/	4 000	7 000	11 000
Total	22 000	30 000	52 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

c/ The child and maternal health programme continues to represent the major portion of total funding.

d/ The children in especially difficult circumstances, AIDS and children and the environment programmes are new additions to the country programme.

e/ Supplementary funding for this programme will be exclusively for rehabilitation, reconstruction and recovery of former emergency programme areas.

Major national goals

37. With a clear vision of the principle of a "first call for children", and in furtherance of Kenya's commitment to implementing the World Summit for Children Declaration and the Convention on the Rights of the Child, Government/UNICEF cooperation for the period 1994-1998 will support the achievement of the mid-decade goals and the major goals embodied in Kenya's national programme of action. These goals are linked to seven areas of concern: poverty, health, nutrition, education, water supply and environmental sanitation, equity and protection.

Programme strategy

38. The country programme strategy is based on a four-pronged approach: (a) acceleration of the achievement of mid-decade/national programme of action and other goals, anchored at the household level through integrated community-based programmes; (b) prompt and effective programme delivery and management aimed at "going to scale", using the Bamako Initiative to strengthen PHC and integrate other interventions at the community level; (c) capacity-building for sustainability, emphasizing systems development, training, management support, advocacy and social mobilization for popular participation for greater service utilization; and (d) empowerment of target group members through social mobilization, community leadership training and networking with national and community organizations.

39. The priorities of the Seventh National Development Plan, which is being formulated, coincide with mid-decade and national programme of action goals. Its theme, "Resource Mobilization for Sustainable Development", emphasizes the continued commitment of the Government to improving the welfare of all Kenyans.

Country programme goals and objectives

40. The overall goal of Government/UNICEF cooperation is to strengthen significantly the capacity of the country to reduce under-five mortality and maternal mortality and morbidity by 1998.

41. Major programme objectives include (a) reducing infant and under-five mortality rates to 70 and 90 per 1,000 live births respectively, with particular attention to the AIDS epidemic; (b) achieving universal child immunization, maintaining a level of 90 per cent immunization coverage for all antigens for infants, achieving 90 per cent coverage for tetanus toxoid for females of child-bearing age and eliminating neonatal tetanus; (c) estimating and reducing MMR by 50 per cent; (d) reducing both moderate and severe malnutrition by 30 per cent; (e) increasing participation in pre-school programmes from 30 to 50 per cent nationally, and from 50 to 70 per cent in districts with District Centres for Early Childhood Education; and (f) achieving universal access to primary education and increasing completion rates for girls from 35 to 70 per cent.

42. The country programme is also geared to achieving the following mid-decade goals for Africa endorsed by the Government in November 1992: (a) ensuring 90 per cent coverage for measles and tetanus immunization; (b) raising

immunization against diphtheria, pertussis, poliomyelitis, tetanus and tuberculosis from 75 per cent to 80 per cent; (c) achieving 80 per cent access to oral rehydration therapy; (d) providing universal access to iodized salt; (e) reducing vitamin A deficiency; and (f) eradicating dracunculiasis.

43. The major components of the 1994-1998 programme of cooperation are outlined below.

Social planning and monitoring

44. This programme is the lead effort to strengthen systems to monitor progress towards reaching national programme of action goals and implementing the Convention on the Rights of the Child. It will involve, in part, expanding existing capacity for data collection and analysis in the Central Bureau of Statistics, the Human Resources and Social Services Department, the National Council for Population and Development, the Population Studies and Research Institute and other relevant faculties in national universities. Professional NGOs, such as the Kenya Consumers' Organization, the Kenya Economic Association and the Kenya Medical Association, also will participate.

45. The programme consists of (a) data generation and analysis for policy formulation, to build capacities of relevant government institutions in data collection, analysis and reporting so as to provide a sound information base for planning and programme development; (b) vital demographic statistics, to improve registration of births and deaths occurring both inside and outside health institutions; (c) monitoring and evaluation, to develop a mechanism that records broad, national socio-economic indicators and strengthens the monitoring of sectoral programmes, which will empower communities in information generation and utilization through a specially designed monitoring system and use of the sentinel sites methodology; and (d) use of the standards of the Convention on the Rights of the Child, to advocate and monitor implementation of the comprehensive Child Law which is expected to be approved by Parliament in 1993.

Child and maternal health

46. This programme aims to strengthen the health delivery system of Kenya through cost-sharing and involvement of district management boards and communities in the management of health services so as to reduce under-five mortality and maternal mortality and morbidity.

47. The Bamako Initiative strategy will be adopted for implementing and integrating child and maternal health activities to achieve Kenya's mid-decade and national programme of action goals. Over the past three years this approach has facilitated the integration of the various PHC services at the community level and empowered communities to address more of their own health needs. It provides a viable means of community cost-sharing for essential drugs, fuel costs for outreach services and stipends for community health workers, as well as an entry point for sustainable community development, including water supply, sanitation, education and income-generating projects.

48. The programme consists of control of malaria, diarrhoeal diseases and ARI, the safe motherhood initiative and family planning. The Kenya expanded

programme on immunization will address the problems of inadequate supplies, vaccines and transportation, ineffective maintenance of cold-chain storage for vaccines, management coordination and supervision of immunization activities. The district health management information system will strengthen the planning, organization, coordination, monitoring and evaluation of health care activities at national and district levels.

Nutrition and household food security

49. This programme aims to empower communities to reduce moderate and severe malnutrition in children and women through the triple-A (assessment, analysis, action) approach, along with policy support to improve household food security.

50. Growth monitoring and promotion will help to strengthen the child health and nutrition information system by incorporating additional nutrition status and breast-feeding indicators. Proper child weaning and feeding practices will be emphasized. BFHI will strengthen awareness and implementation of infant feeding policy guidelines, particularly the promotion of breast-feeding. Micronutrient deficiency initiatives will create public awareness of the importance of consuming iodized salt and strengthening national capacity for iodization and vitamin A supplementation. In addition, household food security efforts will develop policies to increase family food consumption. These initiatives will be implemented through a PHC/Bamako Initiative strategy, with clear linkages with other programmes, particularly water supply and sanitation and women's credit activities.

Basic education

51. The basic education programme seeks to empower individuals and communities with the awareness and knowledge they need to make informed decisions about their survival and development. A special focus is on the education of girls to improve their participation in, and completion of, a formal primary school education. Another priority will be improving alternative systems of non-formal education for girls who are not yet absorbed into the formal system. District-based monitoring systems will be strengthened to assess both qualitative and quantitative learning achievements, with specific reference to girls.

52. Early childhood care and education, an important preparatory stage for primary education, will address the quality and relevance of programmes by means of curricula review to incorporate environmental education; the training of 3,500 pre-school teachers; the formulation of strategies for increased participation of children three to six years old; and the development of appropriate low-cost home and community-based care for children up to three years of age. Primary school and non-formal education activities will enhance the participation and retention of girls in formal and non-formal education programmes. Reviews of primary curricula will improve quality, relevance and gender responsiveness, and AIDS education will be strengthened.

Water supply and environmental sanitation

53. This programme aims to support the Government in formulating policy guidelines and advocacy for achieving national programme of action goals. Priorities include increasing accessibility to a safe water supply; improving environmental sanitation and household hygiene; reducing the time spent by women and children in fetching water; and ensuring the environmental protection of water sources. By providing 20 litres per person per day from a water source within 1.5 kilometres of the homestead, the programme will reduce considerably the workload of women, saving them time and energy for improving the health and care of their children. Activities in this programme area will be undertaken as an integral part of PHC, with a strong health education component implemented through district public health teams and schools. Surveillance and the eradication of dracunculiasis, where it is detected, also will be undertaken in this context. Bamako Initiative locations will be given priority in efforts in this programme area.

54. Increased access to safe drinking-water will benefit an additional 283,500 persons in the Baringo and Kisumu districts and 10,000 persons in the Kibera slums of Nairobi through appropriate low-cost technologies that can be used by communities. Increased access to adequate excreta disposal facilities will benefit an additional 185,000 persons in the Baringo and Kisumu districts. Both initiatives will be accompanied by community leadership training in management and operational skills to strengthen sustainability. In other focus districts, enhanced networking with NGOs will be a priority.

Gender and development

55. This programme aims to improve the situation of girls and women by (a) reducing the disparities they face in education, health, work and legal status; (b) increasing their access to and control over productive resources; (c) improving the quality and quantity of information they receive; and (d) achieving a more equitable distribution of the benefits of development activities. While the Convention on the Rights of the Child will provide a framework for protection and development activities for girls, other instruments, such as the Convention on the Elimination of All Forms of Discrimination against Women and the Nairobi Forward-looking Strategies for the Advancement of Women, will be used in advocacy and implementation of women's activities.

56. The programme consists of three initiatives. Capacity-building will strengthen gender-responsive programming among collaborating agencies and develop training materials and institutional support. Women's empowerment activities will focus on improving their socio-economic status through activities related to the availability of credit and understanding of legal rights. Further activities will include assisting adolescent mothers, improving the health and educational status of girls and strengthening advocacy for positive changes in socio-cultural attitudes towards women.

Children in especially difficult circumstances

57. The overall purpose of this programme is to contribute to the improved protection and rehabilitation of children in especially difficult circumstances. The programme consists of initial steps to develop a comprehensive participatory situation analysis and networking mechanisms involving families, communities, religious institutions, NGOs and local authorities. The protection and rehabilitation of children in especially difficult circumstances will focus on street children, working children (especially domestic girl workers) and HIV/AIDS-affected children (including AIDS orphans) and will provide basic medical care, food, shelter, recreation and education. Advocacy and awareness-raising will focus on families, communities, policy makers and administrators to promote more effective preventive and curative measures.

AIDS prevention, control and community care

58. This programme aims to reduce the rate of HIV transmission through sensitization, education and advocacy. It is designed to help communities care for HIV/AIDS-affected persons, including AIDS orphans, and promote AIDS prevention, especially among youth and selected high-risk groups. The programme will work through existing community-based activities, including Bamako Initiative centres and the school system, to expand counselling on prevention and to provide community-based care.

59. The programme consists of five elements: (a) AIDS education in schools through the Ministry of Education; (b) community-based AIDS education and service delivery; (c) materials development and dissemination; (d) AIDS interventions through the organized health sector; and (e) capacity-building.

Advocacy, communication and social mobilization

60. Building on solid achievements in social mobilization at national, district and village levels, the overall objective of the advocacy, communication and social mobilization programme is to create greater awareness of child survival, protection and development concerns at all levels of society and to involve communities more fully and effectively in activities.

61. Advocacy for child survival, protection and development and national programme of action goals will sensitize political leaders, other policy makers, planners and donors to the importance of implementing policies and increasing budgets for activities that benefit children and women. Building-capacity will link social mobilization training with sectoral programmes. The electronic, print and folk media will be strengthened to promote goals for children at national and district levels.

Children and the environment

62. This new cross-cutting programme is based on Agenda 21, adopted at the United Nations Conference on Environment and Development, and demonstrates both government and UNICEF recognition of the need to address the impact of environmental issues on child and maternal health.

63. The programme will emphasize community participation in (a) environmental education and awareness to highlight indigenous knowledge at all levels; and (b) waste disposal and management to contribute to the development of a model for sustainable waste management in Nairobi, Kisumu and Mombasa. UNICEF is currently developing partnerships and alliances with other agencies, among them the United Nations Environment Programme, the United Nations Centre for Human Settlements and the Food and Agriculture Organization of the United Nations, to mobilize additional resources to meet the emerging demands for interventions to address environmental concerns.

Integrated community-based programmes

64. Community-based programmes are built around the principles of capacity-building, empowerment and effective service delivery to achieve the decade goals for children and to complement national sectoral programmes. The overall strategy is to develop community-based models to achieve national programme of action goals for children and to strengthen grass-roots participation in programme planning, implementation and monitoring in order to ensure greater community ownership and sustainability.

65. The programme consists of four components. The rural programme will focus on the two rural districts of Kisumu and Baringo, where integrated community-based programming models are being developed based on replicable and sustainable community initiatives. In four other districts - Kitui, Kwale, Embu and Homa Bay - UNICEF support will be limited to continuing support for PHC through the Bamako Initiative. The urban programme will cover slum and squatter settlements in the three main urban areas of Kenya - Nairobi, Mombasa and Kisumu - and focus on basic services and the protection of the urban child. The north-eastern programme will develop more appropriate and effective service delivery systems for nomads and livestock farmers for rehabilitation, reconstruction and recovery in post-emergency programme areas. The emergency rehabilitation and recovery programme will address preparedness and recovery for drought-affected and displaced populations in north and north-eastern Kenya.

66. In addition to the three current focus areas (Kisumu, Baringo and Nairobi), UNICEF will support interventions in three districts of North-Eastern province and intensify the Bamako Initiative in four other rural districts (Embu, Kitui, Kwale and Homa Bay) and Mombasa municipality.

67. To facilitate the achievement of country programme objectives, projects will be implemented in a coordinated manner, focusing on major activities that have the potential for high visibility and impact. Social mobilization and gender analysis will be integrated fully with sectoral activities to support the achievement of all programme goals.

Monitoring and evaluation

68. Project objectives have been synchronized with activities and monitoring indicators to facilitate regular reporting on implementation. The monitoring and evaluation needs of the programme have also been incorporated into an integrated monitoring and evaluation plan.

Coordination with other agencies

69. UNICEF will strengthen coordination with major partners, including the United Nations system, bilateral donors and key NGOs, to achieve country programme and national programme of action goals. As set out in the draft country strategy note, the United Nations and the Government of Kenya propose to mobilize resources to address the priority development needs of the country. Under the leadership of UNDP, the Joint Consultative Group on Policies is being strengthened further to support stronger networking and coordination between donor-funded programmes. This collaboration is expected to extend to district-level implementation through the efforts of the Government's inter-ministerial steering committee on child survival, protection and development. Kenya also has a very strong network of international and local NGOs; currently as much as 60 to 65 per cent of UNICEF assistance is being channelled through these NGOs.

Programme management

70. The UNICEF management objective for capacity-building and sustainability of the 1994-1998 programme of cooperation is to provide efficient and adequate staff support to ensure programme acceleration and impact. In the new country programme, AIDS and children in especially difficult circumstances are linked to become full programmes, and the new children and the environment programme has been added. For programme support to AIDS, staff are already in place; to meet the staffing needs of children in especially difficult circumstances and the children and the environment programmes, existing area-based staff will assume additional responsibilities and appropriate NGOs will cooperate.

71. Accelerated and sustained implementation of national programme of action and mid-decade goals for both regular and emergency/recovery programmes during the next programme cycle will require strengthening of the Operations Section. This will involve upgrading one administrative post from General Service to National Officer level, and establishing a National Officer post for logistics to improve monitoring and timely delivery of supply and equipment to community-based sites. Additionally, the creation of a General Service post (a senior information resource management assistant) will enhance data collection and entry, analysis and monitoring capabilities of the programme office for more cost-effective management.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Kenya	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	74	(1992)	High U5MR
Infant mortality rate	51	(1992)	High IMR
GNP per capita	$ 340	(1991)	Low-income GNP
Total population	25.2 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	605	856	1054	1111
Infant deaths (under 1)	(thousands)	58	61	57	57
Under-five deaths	(thousands)	95	96	83	82
Under-five mortality rate (per 1,000 live births)		157	112	78	74
Infant mortality rate (under 1) (per 1,000 live births)		97	72	54	51

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	14 a/
	Severe	2 *	3 a/
Babies with low birth weight (%, 1979/1990)		18	16
Primary school children reaching final grade (%, 1980/1988)		55 *	62

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1989)	..	24
Timely complementary feeding rate (6-9 mos.) (%, 1989)	..	87
Continued breast-feeding rate (20-23 mos.)(%, 1989)	..	46
Prevalence of wasting (%, 1979/1987)	8	5 a/
Prevalence of stunting (%, 1979/1987)	37	52 a/
Daily per capita calorie supply (% of requirements, 1979-81/1990)	95	89
Total goitre rate (est.)	..	7
Household expenditure (% of total income, 1980-85) All food/cereals	..	38 / 16

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)		..	69
Access to health services (% of population, 1992)	Total	..	77
	Urban/rural	.. / ..	.. / 40
Access to safe water (% of population, 1980/1991)	Total	26	49
	Urban/rural	85 / 15	74 / 43
Access to adequate sanitation (% of population, 1980/1991)	Total	34	43
	Urban/rural	89 / 19	69 / 35
Births attended by trained personnel (%,1984/1989)		28	50
Maternal mortality rate (per 100,000 live births, 1977)		170	..

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	..	82	80	93
	DPT	..	70	74	85
	Polio	..	70	71	85
	Measles	..	63	59	81
Pregnant women (%) immunized against:	Tetanus	..	40	37	37

a/ Rural only 0-59 months.
* UNICEF field office source.

TABLE 1 (continued)

Kenya

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	115 / 91	94 / 91
(%, 1980/1988)	Male	120 / 92	96 / 92
	Female	110 / 89	92 / 89
Secondary enrolment ratio (gross/net)	Total	20 / ..	23 / ..
(%, 1980/1988)	Male	23 / ..	27 / ..
	Female	16 / ..	19 / ..
Adult literacy rate, 15 years & older	Total	32	69
(%, 1970/1990)	Male/female	44 / 19	80 / 59
Radio/television sets (per 1,000 population, 1980/1990)		32 / 4	125 / 9

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(millions)	11	17	24	25	33
Population aged 0-15 years	(millions)	5.8	8.7	12	13	16
Population aged 0-4 years	(thousands)	2314	3542	4495	4748	5874
Urban population (% of total)		10	16	24	25	32
Life expectancy at birth	Total	50	55	58	59	61
(years)	Male	48	53	57	57	60
	Female	52	57	60	61	63
Total fertility rate		8.1	7.8	6.5	6.3	5.5
Crude birth rate (per 1,000 population)		53	51	45	44	40
Crude death rate (per 1,000 population)		18	14	11	10	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1989)		7	27
Population annual growth rate	Total	3.6	3.5
(%, 1965-80/1980-92)	Urban	7.7	7.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		3.1	0.3
Inflation rate (%, 1965-80/1980-91)		7	9
Population in absolute poverty (%, 1977)	Urban/rural	10 / 55	.. / ..
Household income share (% ,1983)	Top 20%/bottom 40%	61 / 9	.. / ..
Government expenditure	Health/education	8 / 20	5 / 20
(% of total expenditure, 1980/1990)	Defence	16	10
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 10
Official development assistance:	$US millions	397	884
(1980/1991)	As % of GNP	6	10
Debt service (% of goods and services exports, 1980/1991)		12	22

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1993 a/

COUNTRY: KENYA
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $19 551 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health nutrition and population	2 804	3 730	1 212	1 077	1 536	394	2 547	1 365	8 099	3 203	6 566	9 693	14 665	12 896
Water supply and sanitation	1 840	112	129		989		1 595	4	4 553	521	116		4 669	
Basic education	310		456		214		677		1 657	1 471			1 657	1 471
Community organization and development	42		30		15		72		159				159	
Women in development	161		441	19	170		627	18	1 399	655	37	670	1 436	1 325
Children in especially difficult circumstances	136	43					65	216	201		259		460	
Community participation and social mobilization	110	(67)	207	29	284	17	1 286	453	1 887	900	432	3 500	2 319	4 400
Social planning and institution capacity-building	747	96	126	84	415	60	1 994	387	3 282	780	627	2 435	3 909	3 215
Programme support	112	52			900		387	389	1 399		441		1 840	
Area-based common support										3 013		17 105		20 118
Rural integrated CSD										6 500		5 895		12 395
Urban basic services										1 500		2 095		3 595
Emergency	349	6 872		40		46	335	8 082	684		15 040		15 724	
Freight	23	1							23		1		24	
Unallocated reserve										1 000				1 000
GRAND TOTAL	6 634	10 839	2 601	1 249	4 523	517	9 585	10 914	23 343 b/	19 551 c/	23 519	41 393	46 862 d/	60 423

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including expenditure from global fund and additional general resources for unfunded supplementary funding.
c/ Including aditional general resources $4 551 000 (E/ICEF/1992/P/L.35).
d/ Of this amount, $10 803 330 remains unfunded.

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TABLE 3. PLANNED EXPENDITURE, 1994 - 1998

(In thousands of United States dollars)

Country: KENYA Period covered: 1994 - 1998	Funding status	1994	1995	1996	1997	1998	Total
Child and maternal health	GR	800	800	800	800	800	4 000
	FSF	1 330					1 330
	NSF	1 200	1 200	1 200	1 200	1 200	6 000
Nutrition	GR	200	200	200	200	200	1 000
	NSF	520	520	520	520	520	2 600
Basic education	GR	440	440	440	440	440	2 200
	NSF	520	520	520	520	520	2 600
Water and sanitation	GR	700	700	700	700	700	3 500
	NSF	500	500	500	500	500	2 500
Gender and development	GR	180	180	180	180	180	900
	NSF	180	180	180	180	180	900
Children in especially difficult circumstances	GR	200	200	200	200	200	1 000
	NSF	900	900	900	900	900	4 500
AIDS prevention, control and community care	GR	200	200	200	200	200	1 000
	NSF	600	600	600	600	600	3 000
Advocacy, communication and social mobilization	GR	200	200	200	200	200	1 000
The child and the environment	GR	180	180	180	180	180	900
	NSF	180	180	180	180	180	900
Social planning and monitoring	GR	500	500	500	500	500	2 500
Integrated community-based programme	GR	800	800	800	800	800	4 000
	FSF	80					80
	NSF	1 400	1 400	1 400	1 400	1 400	7 000
TOTAL	GR	4 400	4 400	4 400	4 400	4 400	22 000
	FSF	1 410					1 410
	NSF	6 000	6 000	6 000	6 000	6 000	30 000
GRAND TOTAL		11 810	10 400	10 400	10 400	10 400	53 410

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

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TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

KENYA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1994-1998 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/1.3	D1/1.6	P1.5	P1.4	P1.3	P1.2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Child and maternal health	4000			4000			1	1			2	2	5	9	1278	359	1637
Nutrition	1000			1000													
Basic education	2200			2200								1	2	3		158	158
Water and sanitation	3500			3500			1				1	2	5	8	667	359	1026
Gender and development	900			900								1	1	2		115	115
Children in especially difficult circumstances	1000			1000								1		1		72	72
AIDS prevention, control and community care	1000			1000					1		1			1	547		547
Advocacy, communication and social mobilization	1000			1000				1			1	1	3	5	611	201	812
The child and the environment	900			900													
Social planning and monitoring	2500			2500								1	1	2		115	115
Programme support									1		1			1	547		547
Integrated community-based programme	4000			4000								5	6	11		618	618
TOTAL GR	22000			22000			2	2	2		6	14	23	43	3650	1997	5647
SUPPLEMENTARY FUNDING																	
Child and maternal health		1330	6000	7330								1	1	2		115	115
Nutrition			2600	2600													
Basic education			2600	2600													
Water and sanitation			2500	2500													
Gender and development			900	900													
Children in especially difficult circumstances			4500	4500									2	2		86	86
AIDS prevention, control and community care			3000	3000									1	1		43	43
The child and the environment			900	900													
Integrated community-based programme		80	7000	7080													
TOTAL SF		1410	30000	31410								1	4	5		244	244
TOTAL GR & SF				53410			2	2	2		6	15	27	48	3650	2241	5891
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs			1129													
	Staffing c/			1390			1	2			3	4	15	22	713	677	1390
GRAND TOTAL (GR + SF + ADM)							3	4	2		9	19	42	70			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1990)										9	12	30	51	N/A	N/A	N/A
	- At the beginning of proposed programme (1994)										9	19	42	70	N/A	N/A	N/A
	- At the end of proposed programme (1998) (Indicative only)										9	20	43	72	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.